# P 95 0000 48852

Examiner's Initials

|   | 01V/S/04 00 1/4 11: 00             |
|---|------------------------------------|
| LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name)   | CORFORATION                        |
| 890 S.W. 87 AVENUE, SUITE: 16   | ]                                  |
| (Address)   | i                                  |
| MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #)   | OFFICE USE ONLY                    |
| (City, State, Zip) (Phone #)  LOCAL REPRESENTATIVE TALLAHASSEE  |                                    |
| (904)385-6715   | 1 0000152200:<br>-06/23/9501065006 |
| <u>13017303-0713</u>  | ****122.50 ****122.50              |
|   |                                    |
|   |                                    |
| CORPORATION NAME(S) & DOCUMENT NUMB   | ER(S) (if known):                  |
|   | · (-3                              |
| 1 Corporation Name)   | m = 12                             |
| 2   | (Document #)                       |
| (Corporation Name)  | (Document #)                       |
| 3   |                                    |
| (Corporation Name) 4.   | (Document #)                       |
| (Corporation Name)  | (Document #)                       |
| Walk in Pick up time 2,00   |                                    |
| Prick up time   | Certified Copy                     |
| Mail out Will wait Photocopy  | Certificate of Status              |
| NEW FILINGS AMENDMENTS  |                                    |
| Profit Amendment -  |                                    |
| NonProfit Resignation of R.A., Officer/D  | irector                            |
| Limited Liability Change of Registered Agent  |                                    |
| Domestication Dissolution/Withdrawal  |                                    |
| Other Merger  |                                    |
| Province of the second | <del></del>                        |
| OTHER FILINGS REGISTRATION/ QUALIFICATION   | NANCY HENDRICKS JUN 2 2 1945       |
| Armual Report   | MANCY HENDRICKS OUT -              |
| rictuous ivame  | MVI.                               |
| Name Reservation Limited Partnership  |                                    |
| Reinstatement   |                                    |

Trademark

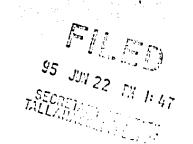
Other

CR2E031(10/92)

#### ARTICLES OF INCORPORATION

**QE** 

N C Medical Corporation



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: N C Medical Corporation

The principal place of business of this corporation shall be: 8567 Coral Way #142

Miami F1, 33155

### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

## ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100x1.00 = \$100.00

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are): Nelson Carrasco Director

8567 Coral Way #142 Miami Florida , 33155

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Nelson Carrasco Pres.Sec.Treasurer. 8567 Coral Way #142 Miami Florida 33155

| IN WITNESS WHEREOF, the undersigned incorporation this 19 day of June     | rator(s) has(have) executed these Articles of, 19_95            |
|---|---|
| •   | Signature(s) of Incorporator(s)                                 |
| STATE OF Florida  COUNTY OF Dade  | •   |
| THE FOREGOING Instrument was acknowledged of June 19 05 , by Nelson Carra | f and swom to before me this 19 day sco  (Name of Incorporator) |
| of N C Medical Corporation (Name of Corporation)                          | •   |

(SEAL)

NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. AUG. 22, 1997 BONDED THRU GENERAL INS. UND.

ARTICLES OF INCORPORATION FILING FEE: \$20

# CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to 2 provisions of Section 607.325. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 1. The name of the corporation is: N C Med  | ical Corpo    | <u>oratio</u> | n           |               |              |                   |
|---|---------------|---------------|-------------|---------------|--------------|-------------------|
|   |               |               |             | والمرات       | S            | (4) THE           |
| 2. The name and address of the registered age   | nt and office | ls:           |             |               | JUN 2        | 6                 |
| Nelson Carrasco   |               |               |             |               | ,<br>,<br>,  |                   |
| 8567 Coral Way #142   |               |               |             |               |              |                   |
|   | T ACCEPTABLE  | ·)            | <del></del> |               |              | <del></del>       |
| Miami Florida 33155   |               |               |             |               | •            | 1                 |
|   | TATE/ZIP)     |               |             |               |              |                   |
|   | SIGNATU       | IRE-          | Tito        | L             | <del> </del> |                   |
|   |               |               | (Corpor     | ate Of        | (icer)       |                   |
|   | TITLE _       | Pres          | ident       | •             |              |                   |
|   | DATE          | 6-19          | 95          | <del></del>   |              |                   |
| HAVING BEEN NAMED TO ACCEPT SERVICE O<br>RATION, AT THE PLACE DESIGNATED IN THI<br>THIS CAPACITY, AND ! FURTHER AGREE TO O<br>UTES RELATIVE TO THE PROPER AND COM<br>ACCEPT THE DUTIES AND OBLIGATIONS OF | COMPLY WITI   | H THE A       | PROVIS      | AGRE<br>ONS ( | E TO         | ACT IN<br>L STAT- |
|   | SIGNATU:      |               | (Registe    | •             | gent)        |                   |