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LAZARUS CORPORAT	E INDUSTRIES, INC.		A Ø	
890 S.W. 87 AVEN				
(Address)				
MIAMI, FLORIDA (City, State, Zip)	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY	<u> </u>	
LOCAL REPRESENTA			7	
(904)385-6715			<del></del>	
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CORPORATION NAM	IE(s) & DOCUMENT NUME	BER(S) (if known):		
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Corperat	ion Name)	(Documefit #)	<del></del>	
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NEW FILINGS	A production of the second second	manya ersazza a -		
Profit	AMENDMENTS  Amendment			
NonProfit			•	
Limited Liability	Resignation of R.A., Officer/Director			
Domestication	Change of Registered Agent			
Other	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/			
Annual Report	QUALIFICATION	NANCY HENDRICKS	.IIIN 2 3 1405	
Fictitious Name	Foreign	NANCTHEROM	0011 Z J 1773	
Name Reservation	Limited Partnership			
_1	Reinstatement			
	Trademark	E		
CR2E931(10/92)	Other	Examine	er's Initials	

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

T&T MEDICAL RENTAL EQUIPMENT CORP.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5783 SW 40 ST SUITE 148 MIAMI, FL. 33155

#### ARTICLE IIL SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TOTAL OF 100 AT \$1.00 EACH

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CELESTINO FERNANDEZ 3730 SW 58 AVE. MIAMI, FL 33155

#### ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESIDENT CELESTINO FERNANDEZ 3730 SW 58 AVE. MIAMI, FL 33155

The undersigne	d incorporator(s) has(have) executed these Articles of Incorporation t
JUNE	day of9
	C. Fernandy.
	Signature

Articles of Incorporation Filing Fee - \$35

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617 \(^1501\), 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.

١,	THE name of the corporation is: TET MEDICAL RENTAL	, <u></u> -	_
	EQUIPMENT CORP.	<u> </u>	
2.	The name and address of the registered agent and office is:		Si
	. CELESTINO FERNANDEZ		لتا
	(Name)		~ 1
	3730 SW 58 AVE.		 
	(P.O. Box not acceptable)		
	MIAMI, FL 33155		
	(City/State/Zip)		
Ha abo to ma as	eving been named as registered agent and to accept service of proces ove stated corporation at the place designated in this certificate, I have appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relating to the proper and co ance of my duties, and I am familiar with and accept the obligations of registered agent.	s for the eby acc further a mplete my posi	3 ept gre <b>e</b> perfor- tion
	(Signature)		·