

P950000 52750

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE 16
(Address)

MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6715

OFFICE USE ONLY

SEARCHED 15353121
INDEXED 11001 011
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M.D. CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS JUL 10 1993

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

July 6, 1995

Sandra B. Mortham
Secretary of State

LAZARUS

MIAMI, FL 33174

SUBJECT: M.D. CORP
Ref. Number: W95000013591

We have received your document for M.D. CORP and check(s) totaling \$. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 495A00032721

ARTICLES OF INCORPORATION OF

M.D. OF MIAMI CORP.

The undersigned, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and of those of the corporation, are to be determined in accordance with the laws of the State of Florida

ARTICLE I

The name of this corporation shall be: M.D. OF MIAMI CORP.

ARTICLE II

This corporation shall commence existence upon the filing of this Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers

to have perpetual succession by its corporate name

M.D. OF MIAMI CORP.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to this article, there shall be only one (1) class of Stock of this corporation.

ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

Guillermo L. Donadio

13072 sw 88 LANE Miami FL. 33186

ARTICLE VI

The initial Board of Directors shall consist of 2 (2) persons, and the name and address of the person who is to serve as an initial director is:

Orlando Altamar De La Rosa 14629 sw 104 th st. suite 202
President. Miami FL. 33186

Edgard Altamar De La ROSA 14629 sw 104 th. st. suite 202
VICE_-PRESIDENT. MIAMI FL. 33186

The name and address of the incorporator executing these Articles of Incorporation is

Guillermo L. Donadio

13072 SW 88 Ln. Miami FL. 33186

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 25 day of April, 1995

Guillermo L. Donadio
STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

Before Me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared _____ known to me and known by me to be the person (s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid.

This 25 day of April, 1995

C. Aspiazu
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE



CARLOS A ASPIAZU
My Commission CC424008
Expires Dec. 01, 1998
Bonded by HAI
800-422-1555

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of the section 607 0501 or 617 0501, 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 M.D. OF MIAMI CORP.

2 The name and address of the registered agent and office is

Gul. Lermo L. Donadio

(NAME)

13072 sw 88 Ln.

(P.O. BOX NOT ACCEPTABLE)

Miami FL. 33186

(CITY/ STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. IN FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature *(Signature)*

Date *9-24-90*