

P950000 53215

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

100001537051
-07/13/95--01066--010
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ST. JOSEPH MENTAL HEALTH CENTER, INC.
(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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

N. HENDRICKS JUL 11 1995

Examiner's Initials

Articles of Incorporation
of
ST. JOSEPH MENTAL HEALTH CENTER, INC.

FILED
\$5
JUL 11 1961
FBI

Article I. Name

The name of this corporation is ST. JOSEPH MENTAL HEALTH CENTER, INC.

Article II. Address

The mailing address of the Corporation is:

ST. JOSEPH MENTAL HEALTH CENTER, INC.
2315 W. Flagler St.
Miami, Florida 33135

Article III. Capital Stock

The Corporation shall have the authority to issue 1000 shares of common stock, par value \$1.00 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

CESAR A. MENA
571 SW 71TH COURT
Miami, Florida 33144

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of the directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Coralia M. Lourenco, President
Cesar A. Mena, Secretary

Marco T. Mena, Vice-President
Juan T. Mena, Treasurer

Article VI. Incorporator

The name and address of the incorporator is:

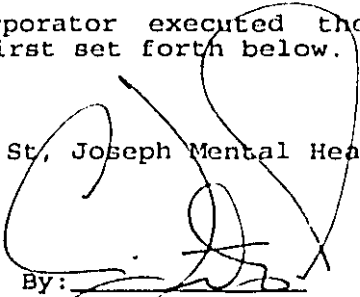
Cesar A. Mena
2315 W. Flagler St.
Miami, Florida 33135

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of July 11, 1994.

the undersigned incorporator executed these Articles of Incorporation on the date first set forth below.

St. Joseph Mental Health Center, Inc.

By: 
Cesar A. Mena

Title: Secretary

Date: July 11, 1995

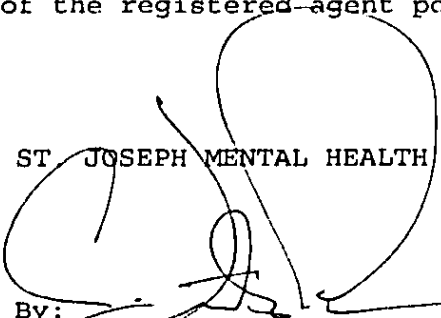
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

CORPORATION:
ST. JOSEPH MENTAL HEALTH CENTER, INC.

REGISTERED AGENT:
CESAR A. MENA
571 SW 71th Court
MIAMI, FL. 33144

I agree to act as registered agent to accept service of process for the above stated corporation. I hereby agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered-agent position.

ST. JOSEPH MENTAL HEALTH CENTER, INC.

By: 
Name: Cesar A. Mena
Title: Secretary

Date: July 11, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000053215

Corporate Name: ST. JOSEPH MENTAL HEALTH CENTER, INC.

APPROVED
AND
FILED

95 OCT 15 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address:

Principal Place of Business:

2315 W. FLAGLER ST.
MIAMI, FL. 33135

If above addresses are incorrect in any way, give through or correct information and enter correction below.

2. New Mailing Address, If Applicable:

1. New Principal Office Address, If Applicable:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

Zip:

Country:

Zip:

Country:

4. Date incorporated or Qualified
To Do Business in Florida:

07-11-1995

5. FID Number
#650593283

Applied For
Not Applicable

6. CERTIFICATE OF STATUS OF SSB D

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
DIR.	Jose Mena	2315 W. Flagler St.	Miami, FL 33135
PRES.	Juan C. Mena	2315 W. Flagler ST.	Miami, FL. 33135
SEC/ TREAS.	Marco T. Mena	2315 W. Flagler St.	Miami, FL. 33135
			800001983558--8 -10/23/96--01018--014 ****383.75 ****383.75
			REINSTATEMENT 1996--
			A. Alan 10-15-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cesar A. Mena
571 S.W. 71ST Court
Miami, FL. 33144

Name: Fred K. Lickstein, C/O Smet, et. al
Street Address (P.O. Box Number is Not Acceptable):
201 Alhambra Circle
Suite, Apt. #, Etc.: Suite 1200
City: Coral Gables State: FL Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Fred K. Lickstein

REGISTERED AGENT MUST SIGN

Date: October 2, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Juan C. Mena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/96
Date

Daytime Phone #

CR0640 (5-94)