P95000053215

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

100001538705 1
-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 #)

[X] Walk in [X] Pick up time 2:00 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
V	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	

CR2E031(10/92)

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

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 statues 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

APPROVED AND FILED

96 OCT 15 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053215

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

Mailing Address / Principal Place of Business:

2315 W. FLAGLER ST.
MIAMI, FL. 33135

If above addresses are incorrect in any way, use through and correct information and enter corrections below.

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

(DO NOT WRITE IN THIS SPACE)

4. Date Incorporated or Qualified To Do Business in Florida: 07-11-1995

5. FEI Number: #650593283 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

(Titles) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
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
			800001988558--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

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

9. Name and Address of New Registered Agent

Name: Fred K. Lickstein C/O Semet, 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

CR2E040 (6/94)

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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/9/96 — Daytime Phone #