

P95000054007

RECEIVED  
95 JUL 13 AM 11:01  
DIVISION OF CORPORATION

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

FILED  
95 JUL 13 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. S&S MEDICAL EQUIPMENT, 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	
<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

100001537841  
-07/14/95--01036--002  
\*\*\*\*122.50 \*\*\*\*122.50

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 13 1995

Examiner's Initials

ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We The undersigned, hereby associate ourselvess together for the purpose of becoming a corporation under the laws of the State of Florida, by an under the provision of the State of Florida providing for the formation, liability, rights privileges and immunities of corporation for profit.

ARTICLE I.

The name of the Corporation is:

S & S MEDICAL EQUIPMENT, INC.

ARTICLE II.

The Corporation may engage in the activity of business permitted under the laws of the United Staes and the State of Florida.

ARTICLE III.

The maximun shares of a stock, with \$1.00 par value that this corporation is authorized to have outstanding at any time is ONE THOUSAND (1,000) Shares.

ARTICLE IV.

The amount of capital with wich this corporation will begin business not be less than ONE THOUSAND (\$1,000)dollars.

ARTICLE V.

This corporation is to have perpetual existence.

*Principal Office*  
782 N.W. 42nd Avenue  
Suite #429  
Miami, Florida 33126

ARTICLE VI.

The number of the Board of the Directors of the corporation shall not be less than one person. The number of directors may increase or decrease as provided by the Bylaws of the Corporation in the manner provided by the law.

The names and addresses of the person(s) who shall serve as the initial directors are:

SELIN SANTOS  
782 N.W. 42nd Avenue  
SUITE #429  
Miami, Florida 33126

PRESIDENT /TREASURE

CARIDAD S. RAMIREZ  
782 N.W. 42nd Avenue  
SUITE #429  
Miami, Florida 33126

VP PRESIDENT /SEC.

ARTICLE VII.

The name and address of the incorporators of these Articles of Incorporation are:

SELIN SANTOS  
782 N.W. 42nd Avenue  
Suite #429  
Miami, Florida 33126

PRESIDENT / TREASURE

CARIDAD S. RAMIREZ  
782 N.W. 42nd Avenue  
Suite #429  
Miami, Florida 33126

VICE PRESIDENT / SEC.

ARTICLE VIII

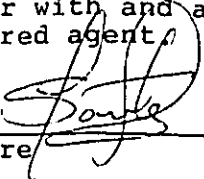
Pursuant to the provisions of section 607.0501 or 617.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name and address of the initial Registered Agent of the Corporation is

SELIN SANTOS  
782 N.W. 42nd Avenue  
Suite #429  
Miami, Florida 33126

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 to agree to act in this capacity. I further agree to comply with the provision of all statutes 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

\_\_\_\_\_  
Date

The board of Directors may from time to time, move the Registered Office of the Corporation to any other address in the State of Florida.

ARTICLE IX.


Every shareholder shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) of any or all the shares previously issued, and/ or any new issue of stocks for cash of this corporation at the price at which it is offered to other.

ARTICLE X.

The Corporation shall indemnify any officer or director, or any former officer or director pursuant to the provisions of section 607.014 of the Florida Statutes, as amended.

IN WITNESS WHEREOF, The Incorporator have signed these Article of Incorporation this 21st day of JUNE, 1995.

  
\_\_\_\_\_  
SELIN SANTOS

  
\_\_\_\_\_  
CARIDAD S. RAMIREZ

DEBIT MEMORANDUM

TO :  
DEPARTMENT OF STATE

DATE 8-7-95 NUMBER 318

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,535.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,535.00	OTHER	

700001571467  
08/28/95-01016-01  
\*\*\*\*\*122.50 \*\*\*\*\*122.50

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	1,167.50

GRAND TOTAL: \$ 1,535.00

800001571469  
-08/28/95--01016--013  
\*\*\*\*\*6.25 \*\*\*\*\*6.25

800001571468  
-08/28/95--01016--012  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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08-9 PM 1:57  
TALLAHASSEE

Process Date: 07/24/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer