

P95000057711

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 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Consumed, 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

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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 26 1995

Examiner's Initials

ARTICLES OF INCORPORATION
OF
CONSU-MED, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 this corporation shall be:

CONSU-MED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1301 S.W. 94 AVENUE
MIAMI, FLORIDA 33174

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 750 SHARES- \$10.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROBERTO E. PORRAS
1301 S.W. 94TH AVENUE
MIAMI, FL 33174

LAW OFFICES
QUESADA & MARTINEZ
SUITE 200
1313 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

G. FRANK QUESADA
ROLAND J. MARTINEZ

TELEPHONE
(305) 446-2517
TELECOPIER
(305) 446-7521

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

July 25, 1995

RE: Incorporation of
Genetlemen: Consu-Med, Inc.

Enclosed please find an original and one copy of the
Articles of Incorporation of the above captioned
corporation.

Also enclosed is our check for the following:

Filing Fees	\$ 35.00
Certified Copy	52.50
Registered Agent Designation	35.00
	<u>\$122.50</u>

Please certify the enclosed copy of the Charter and
return to this office.

Thank you for your usual prompt and courteous
attention.

Very truly yours,


G. Frank Quesada

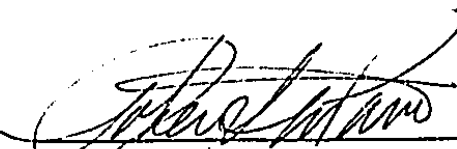
Enclosure

ARTICLE V INCORPORATOR(S)

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

ROBERTO E. PORRAS
1301 S.W. 94TH AVENUE
MIAMI, FL 33174

The undersigned has(have) executed these Articles of Incorporation this 24 day of JULY, 1995.



Incorporator
ROBERTO E. PORRAS

Incorporator

STATE OF FLORIDA

COUNTY OF DADE

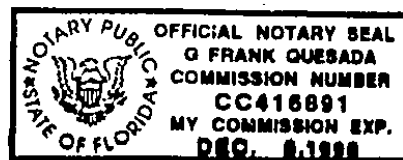
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ROBERTO E. PORRAS, to me known to be the persons described in and who executed the foregoing instrument or who have produced Fla. Drivers Lic. as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 20 day of JULY 1995.



NOTARY PUBLIC, State of Florida at Large

(Print Name)
My Commission expires:



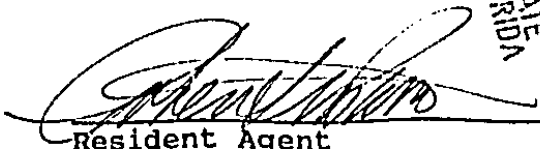
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is:

CONSU-MED, INC.

2. The name and address of the registered agent and office is: FILED
95 JUL 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ROBERTO E. PORRAS
1301 S.W. 94TH AVENUE
MIAMI, FL 33174


Resident Agent
ROBERTO E. PORRAS

Date: JULY 29, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.


Resident Agent
ROBERTO E. PORRAS