P95000058327

FILED
95 JUL 28 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

700001551437
-08/02/95--01010--013
****122.50 ****122.50

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

1. DEPENDABLE HOME CARE 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	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

W95-15127

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

N. HENDRICKS JUL 28 1995

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1995

LAZARUS

MIAMI, FL

SUBJECT: DEPENDABLE HOME CARE INC.
Ref. Number: W95000015127

We have received your document for DEPENDABLE HOME CARE INC. and check(s) totaling $122.50. 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) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 095A00035719

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

DEPENDABLE HOME HEALTH CARE INC.

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 the corporation shall be:

DEPENDABLE HOME HEALTH CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1100 Madrid St.
Coral Gables, Fl. 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares/stock X $10.00 = $1000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CLARA MAYDA PEREZ
1100 Madrid St.
Coral Gables, Fl. 33134

ARTICLE V INCORPORATOR(S)

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

Clara Mayda Perez (President)
900 W. 33 St.
Hialeah, Fl. 33012

Rita Alfonso (Vice-President)
1100 Madrid St.
Coral Gables, Fl. 33134

Sandra Ruiz (Secretary-Treasure)
3501 E. 8 Crt.
Hialeah Fl. 33013

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of July, 19 95.

Clara Mayda Perez/ Clara Mayda Perez
Signature

Rita Alfonso/ Rita Alfonso
Signature

Sandra Ruiz/ Sandra Ruiz
Signature

Cira C. Diaz

CIRA C. DIAZ
MY COMMISSION # CC 280096
EXPIRES: April 28, 1997
Bonded Thru Notary Public Underwriters

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: DEPENDABLE HOME HEALTH CARE INC.

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

CLARA MAYDA PEREZ
(NAME)

1100 Madrid St.
(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Fl. 33134
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS 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 July 24, 1995

Cira C. Diaz

CIRA C. DIAZ
MY COMMISSION # CC 280896
EXPIRES: April 28, 1997
Bonded Thru Notary Public Underwriters

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. (370)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 27 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058327

DEPENDABLE HOME HEALTH CARE INC.

Principal Place of Business: ~~1100 MADRID ST CORAL GABLES FL 33134~~

Mailing Address: ~~1100 MADRID ST CORAL GABLES FL 33134~~

REINSTATEMENT 96
To Do Business in Florida 07/28/1995

If above address are incorrect, carefully strike line through incorrect information and enter correction below

New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable
5209 NW 74 Ave	5209 NW 74 Ave
Suite 207	Ste 207-204
Miami - 33166	Miami - Fla
FL Dade	33166 Dade

5. FEI Number: 65-0602487 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	PEREZ, CLARA M	900 W. 33RD ST.	HIALEAH FL 33012
V	ALFONSO, RITA	1100 MADRID ST.	CORAL GABLES FL 33134
ST	RUIZ, SANDRA	3501 E. 8TH CT.	HIALEAH FL 33013

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-10/16/96--01041--017
****375.00 ****375.00

VB 10-14-96

8. Name and Address of Current Registered Agent

PEREZ, CLARA M
1100 MADRID ST.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name —
Street Address (P.O. Box Number is Not Acceptable) —
Suite, Apt. #, Etc. —
City — St — Zip Code

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

Signature of Registered Agent: X [signature] REG. AGENT Date 9/24/96
REGISTERED AGENT MUST SIGN

11. 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.)

12. I 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: X Rita Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/24/96 Daytime Phone #: (305) 225-1056

CR2E040 (7/95)

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