P95000058856

95 JUL 31 11:19

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

95 JUL 31 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

950801A795--011084--011
****122.50 ****122.50

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

1. Diversified Billing Services of Miami, 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 31 1995

Examiner's Initials	

CR2E031(10/92)

FILED
95 JUL 31 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
DIVERSIFIED BILLING SERVICES OF MIAMI, INC.

The undersigned incorporator(s), for the purpose o forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DIVERSIFIED BILLING SERVICES OF MIAMI, INC.

The principal place of business of this corporation shall be:

1730 SW 1 ST AVENUE MIAMI, FL 33129

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstandinn at any one time is:

100 SHARES AT $5.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

BARBARA REGALADO
PRESIDENT/ VICE-PRESIDENT/ TREASURER/ SECRETARY
1730 SW 1 ST AVENUE
MIAMI, FL 33129

ARTICLE VI INCORPORATOR(S)

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

Barbara Regalado
~~DIVERSIFIED BILLING SERVICES OF MIAMI, INC.~~
1730 SW 1ST AVENUE
MIAMI, FL 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26th day of JULY, 1995.

Signature(s) of Incorporator(s)
Barbara Regalado Personally Known

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 26Th day of JULY, 1995. by BARBARA REGALADO
(Name of Incorporator)

of DIVERSIFIED BILLING SERVICES OF MIAMI, INC.
(Name of Corporation)

OFFICIAL NOTARY SEAL
MARIA C DE LA PRIDA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC387710
MY COMMISSION EXP. JUNE 27,1998

Notary Public MARIA C. DE LA PRIDA
María C. de la Prida

My Commission Expires:

(SEAL)

CERTIFICATE DESIGNATING
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 designation the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: DIVERSIFIED BILLING SERVICES OF MIAMI, INC.

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

BARBARA REGALADO

1730 SW 1 ST AVENUE
(PO BOX NOT ACCEPTABLE)

MIAMI, FL 33129
(CITY/SATE/ZIP CODE)

FILED
95 JUL 31 AM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature Barbara Regalado
(Corporate Officer)

Title PRESIDENT

Date JULY 26TH. 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.

Signature: Barbara Regalado
(Registered Agent)

Date: JULY 26TH. 1995