

P95000061479

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

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

1. SUNSHINE HEALTH CARE, 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

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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

August 4, 1995

Sandra B. Mortham
Secretary of State

LAZARUS

MIAMI, FL

SUBJECT: SUNSHINE HEALTH CARE, INC.
Ref. Number: W95000015747

We have received your document for SUNSHINE HEALTH 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) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 295A00036727

**ARTICLES OF INCORPORATION
OF**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

A & N HOME HEALTH CARE, INC.

The principal address of this corporation shall be:

1115 S.W. 27th Ave., Suite 111, Miami, FL 33135

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for 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 maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock at a par value of \$1.00 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 1115 S.W. 27th Ave., Suite 111, Miami, FL 33135 and the name of the initial registered agent of the corporation at that address is 1115 S.W. 27th Ave., Suite 111, Miami, FL 33135

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This Corporation shall have Officer (s) and Director (s), initially. The name and street address of the initial Officer (s) and Director (s) who shall hold office for the first year of the corporation, of until his successor is elected or appointed are/is:

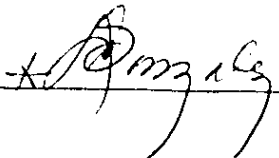
LOUIS J. GONZALES - THE IDENTITY OF THE INITIAL OFFICER(S) AND DIRECTOR(S) WHO SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE CORPORATION, OF UNTIL HIS SUCCESSOR IS ELECTED OR APPOINTED ARE/IS:

ARTICLE VII. SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

LOUIS J. GONZALES
1111 111 111
1111 111 111

In WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this 27 day of July, 1975.

 (SEAL)

Certificate designated place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 48.091, Florida Statutes, the following is submitted.

First that A & N HOME HEALTH CARE, INC.
(NAME OF CORPORATION)

Desiring to organize or qualify under the laws of the State of Florida, with its principle place of business at city of Fort Lauderdale
(CITY)

State of Florida, has named James J. ...
(STATE) (NAME OF RESIDENT AGENT)

located at ...
(STREET ADDRESS AND NUMBER OF BUILDING)
(POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

City of Fort Lauderdale, State of Florida, as its agent to accept
(CITY)

services of process within florida.

SIGNATURE

[Signature]
(CORPORATE OFFICER)

TITLE

...

DATE

11/29/75

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.

SIGNATURE

[Signature]
(RESIDENT AGENT)

DATE

11/29/75

SSAUS-6 PREP