

P95000063745

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

RECORDED & INDEXED  
04/18/95 - P1033-019  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. Alternative Care Services, 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  
Sandra B. Mortham  
Secretary of State

August 16, 1995

LAZARUS

MIAMI, FL

SUBJECT: ALTERNATIVE CARE SERVICES, INC.  
Ref. Number: W95000016544

We have received your document for ALTERNATIVE CARE SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

**WE MUST HAVE ORIGINAL SIGNATURES.**

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: 795A00038479

ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ALTERNATIVE CARE SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

RECEIVED  
STATE DEPARTMENT OF  
STATE  
AUG 17 PM 1:13  
1968

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MARY T DIAZ-GRANADOS

The principal office shall be:

600 NE 36 Street  
Miami, Florida 33136

ARTICLE VI

The initial Board of Directors shall consist of a total of three (03) person, and the name and address of the person who is to serve as an initial director is:

MARY T. DIAZ-GRANADOS  
600 NE 36 Street, apt. 619  
Miami, Florida 33136

PRESIDENT 50%

ARTURO E. RAMIREZ  
13324 SW 46 TERRACE  
MIAMI, FL 33175

SECRETARY 25%

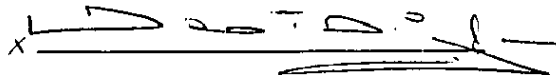
ADA T. YOUNG  
1474 NW 97 TERRACE  
PEMBROKE PINES, FL 33024

VICE-PRESIDENT 25%

The name and address of the incorporator executing these Articles of Incorporation is:

MARY T DIAZ-GRANADOS 600 NE 36TH STREET, apt. 619  
MIAMI, FLORIDA 33136

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 14th day of August, 1995.



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

ALTERNATIVE CARE SERVICES, INC.

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

MARY T DIAZ-GRANADOS  
600 NE 36TH STREET, apt. 619  
MIAMI, FLORIDA 33137

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 

August 15th, 1995

STATE OF FLORIDA )  
COUNTY OF DUDE ) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared MARY T DIAZ-GRANADOS known to me and known by me to be the person(s) who executed the foregoing Article of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 14th day of August, 1995.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission Expires: