

P95000066028

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

55 AUG 25 PM 11:45
RECEIVED

OFFICE USE ONLY

RECEIVED
08/25/95
44412750 44412770

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

1. HEALTH FINANCIAL SYSTEMS, 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 |

DMC
8/25/95

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

August 22, 1995

LAZARUS

MIAMI, FL

SUBJECT: HEALTH FINANCIAL SERVICES, INC.
Ref. Number: W95000016945

We have received your document for HEALTH FINANCIAL 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):

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: 595A00039285

ARTICLES OF INCORPORATION
OF

HEALTH FINANCIAL SYSTEMS, INC.

FILED

55 MAR 25 PM 1:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned, for the purpose of forming a Corporation under the FLORIDA GENERAL CORPORATION ACT, hereby adopts the following Articles of Incorporation:

ARTICLE ONE
NAME

The name of this Corporation is: HEALTH FINANCIAL SYSTEMS, INC.

ARTICLE TWO
PRINCIPLE ADDRESS

The principle address of this Corporation is: 2455 SW, 27th Ave Suite 110, Miami, Florida 33145

ARTICLE THREE
PURPOSE

The Corporation may transact any and all lawful business for which Corporation may be incorporated under the laws of the State of Florida.

ARTICLE FOUR
DURATION

This Corporation shall exist perpetually, unless dissolved according to Florida law.

ARTICLE FIVE
CAPITAL STOCK

The maximum number of shares which the Corporation has authority to issue is one thousand (1000.), all of which shall be common shares with a par value of one dollar and no cents (\$1.00) each.

ARTICLE SIX
REGISTERED OFFICE

The street address of the initial registered office of this corporation shall be: 2455 SW, 27th Ave Suite 110, Miami, Fl 33145, and the name of the Initial REGISTERED AGENT at such address shall be: Rafael Diaz-Guzman

I DO HEREBY ACCEPT THE POSITION OF REGISTERED AGENT:



Rafael Diaz-Guzman

ARTICLE SEVEN
PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE EIGHT
DIRECTORS

7.01- The Board of Directors of this Corporation shall consist , at least, of one (1) member.

7.02- The names and addresses of the initial Directors of the First Board of Director, shall be as follows:

| <u>NAME</u> | <u>ADDRESS</u> |
|--------------------|--------------------------------------|
| OMAR PEREZ | 7858 NW, 62nd St Miami, Fl 33166. |
| RAFAEL DIAZ-GUZMAN | 7350 SW, 11th St Miami, Fl 33144 |

ARTICLE NINE
OFFICERS

The names and addresses of the First Officers of the Corporation shall be as follows:

| <u>NAME</u> | <u>ADDRESS:</u> | <u>OFFICER:</u> |
|--------------------|-------------------------------------|-----------------|
| Rafael Diaz-Guzman | 7350 SW, 11th St Miami, Fl 33144 | PRESIDENT |
| Omar Perez | 7858 NW, 62nd St Miami, Fl 33166 | VICE-PRESIDENT |


ARTICLE TEN
INCORPORATOR

The name and address of the incorporator is: Rafael Diaz-Guzman, 7350 SW, 11th St, Miami, Fl 33144.

IN WITNESS WHEREOF, I have subscribed my name this 26th of June of 1995.




Rafael Diaz-Guzman, President .



Omar Perez, Vice-President.

STATE OF FLORIDA
COUNTY OF DADE

On this 26th of June, 1995, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Rafael Diaz-Guzman and Omar Perez, known to me to be the persons whose names are subscribed to the within instrument, identifying themselves by driver's license and acknowledged that they executed the same for the purposes therein expressed.
IN WITNESS WHEREOF, I hereunto set my hand and official seal at Miami, Dade County, Florida.



NOTARY PUBLIC
State of Florida at Large

OFFICIAL NOTARY SEAL
ALINA CASIMIRO
NOTARY PUBLIC STATE OF FLORIDA
MY COM. EXPIRES 12/31/97