

P95000066397

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

RECEIVED
JUL 15 1997
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

1. WORLD OF ORTHOPEDICS 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

cy

8/28/97

TRANSMITTAL LETTER

FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA
95 AUG 29 PM 2:46

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: WORLD OF ORTHOPEDICS INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ _____.

FROM:

WORLD OF ORTHOPEDICS INC.
Name
9786 CORAL WAY
Address
MIAMI FLORIDA 33165
City, State, & Zip
(305) 225-6966
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

STATE OF FLORIDA
DEPARTMENT OF REVENUE
95 AUG 28 PM 2:46

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:

WORLD OF ORTHOPEDICS INC.

ARTICLE II PRINCIPAL OFFICE

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

9786 CORAL WAY

MIAMI FLORIDA 33165

ARTICLE III SHARES

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

FIVE HUNDRED (500) SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICENTE T. INCLAN

9786 CORAL WAY

MIAMI FLORIDA 33165

ARTICLE V INCORPORATOR(S)

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


VICENTE T. INCIAN
9786 CORAL WAY
MIAMI FLORIDA 33165

JORGE E. GONZALEZ
9786 CORAL WAY
MIAMI FLORIDA 33165

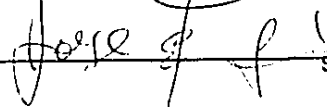
FILED
STATE
RECORDS
SECTION
AUG 20 PM 2:45

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of AUGUST, 1995.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: WORLD OF ORTHOPEDICS INC.

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

VICENTE T. INCLAN

9786 CORAL WAY

(P. O. BOX NOT ACCEPTABLE)

MIAMI FLORIDA 33165

(CITY/STATE/ZIP)

SIGNATURE

V. Inclan
(Corporate Officer)

TITLE

PRESIDENT

DATE

8-17-95

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

V. Inclan
(Registered Agent)

DATE

8-17-95