P95000073533

LAZARUS CORPORATE (Requestor's Name)	INDUSTRIES, INC.	
890 S.W. 87 AVENU	E, SUITE: 16	Polylon
,	3174 (305)552-5973 (Phone #)	OFFICE USE ONLY
LOCAL REPRESENTAT	IVE TALLAHASSEE	
(904) 385-6715		7/100 W 100 1 552: 1 4 5: 7 - 03/22/35+-01035+ 008 +4+4+79.00 +4+4+79.00
CORPORATION NAMI	E(S) & DOCUMENT NUMB	
1. SALVCAIC	E MEDI COR	(Document #)
Corporaso	n wame)	(Dacament %)
2. (Corporatio	n Name)	(Document #)
3		
{Согротиво	n Namo)	(Document #)
4. (Corporatio	n Name)	(Document #)
Walk in Pic	kup time <u>1/10</u>	Certified Copy
Mail out W	ill wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
✓ Profit	Amendmant	
NonProfit	Resignation of R.A., Officer/	Director
Limited Liability	Change of Registered Agent	7
Domestication	Dissolution/Withdrawal	
Other	Merger	: :
		- 4
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	122
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	i ionistatornont	

Trademark

Other

CR2E031(10/92)

Examiner's Initials

ARTICLES OF INCORPORATION

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:

SALVCAJE MEDI CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1430 S.W. 1 ST SUITE # 226
MIAMI FLORIDA 33135

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 (1.00) DOLLAR PAR VALUE COMMON STOCK, WICH SHALL BE DESIGNATE "COMMON SHARES".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: SALVADOR CAJETE

1430 S.W. 1 ST SUITE# 226 MIAMI FLORIDA 33135

ARTICLE V INCORPORATORISI

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

SALVADOR CAJETE

1430 S.W. 1 ST SUITE # 226 MIAMI FLORIDA 33135

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: SALVCAJE MEDI CORP.	
2.	The name and address of the registered agent and office is: SALVADOR CAJETE	·
	(MANE)	+ 23
	(NAME)	
	1430 S.W. 1 ST SUITE # 226	
	(P.O. BOX NOT ACCEPTABLE)	
	MIAMI FLORIDA 33135	7
	MIAMI FLORIDA 33133	
	(CITY/STATE/ZIP)	
	1	
HA	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVI	CE OF
TH	ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNA	TED IN
AN	HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED NO AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WIT	AGENT
PR	ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLET	17 17 17 15 15 15 15 15 15 15 15 15 15 15 15 15
۲O	JHMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE O	BLIGA-
ПС	ONS OF MY POSITION AS REGISTERED AGENT.	
		7
	SIGNATURE / CANAL KIT	_
	DATE9-6-95	