P95000073986

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE: :6
(Address)

MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6715

Examiner's Initials

OFFICE USE ONLY

CORPORATION NAME(s) {	8.	DOCUMENT NUMBER(s) (if known) :
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Trademark

Other

CR2E031(10/92)

1. TIG, ME		(Document #)	
2. (Corporation Name) 3. (Corporation Name)		(Document #)	
		(Document #)	
4. (Corporatio		(Documen' *) Certified Copy	
Mail out W	ill wait Photocopy	Certificate of Status	9
NEW FILINGS	AMENDMENTS		
Profit	Amendment		٠ 1
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		15
OTHER FILINGS	REGISTRATION/ QUALIFICATION	789-502-672 N95—19135	
Annual Report	Foreign	1195-19135	
Fictitious Name	Limited Partnership	\mathcal{N}_{10} .	
Name Reservation	Reinstatement		



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 22, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: JLG. MED INC. Ref. Number: W95000019135

We have received your document for JLG. MED INC. and your check(s) totaling \$79.00. 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.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 795A00043581

ARTICLES OF INCORPORATION ----

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby edopt(s) the following Articles of Incorporation.

ABTICLE 1 NAME

The name of the corporation shall be:

GLJ. MED INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1430 S.W. 1 ST SUITE #228
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:

JORGE L. GONZALEZ

1430 S.W. 1 ST SUITE# 228

MIAMI FLORIDA 33135

ARTICLE V INCORPORATOR(S)

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

JORGE L. GONZALEZ

1430 S.W. 1 ST SUITE #228 MIAMI FLORIDA 33135

	ncorporator(s) has(have) executed th		hese Articles of Incorporation t	
18	day of	SEPTEMBER	, 19 <u>95</u>	
		Bronature		·
		Signature		_
		Signature		

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: GLJ. MED INC.
2.	The name and address of the registered agent and office is: JORGE L. GONZALEZ
•	(NAME) 1430 S.W. 1 ST SUITE # 228
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI FLORIDA 33135
	(CITY/STATE/ZIP)
PR TH AN PR FO	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENTID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER PRIMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE 9-18-95 DATE