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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OFFICE USE ONLY

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

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

1. ARABITG FAMILY EYE CARE, 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

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JAN -2 1996

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**ARABITG FAMILY EYE CARE, INC.**

**FILED**  
96 JAN -2 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles Of Incorporation.

**ARTICLE I NAME**

The name of this corporation shall be: ARABITG FAMILY EYE CARE, INC.

**ARTICLE II DURATION**

This corporation shall have perpetual existence, unless sooner dissolved according to law.

**ARTICLE III PURPOSE**

This corporation is organized for the purposes of transacting any and all lawful business whatsoever.

**ARTICLE IV CAPITAL STOCK**

This corporation is authorized to issued FIVE HUNDRED (500) shares of ONE (\$1.00) DOLLAR par value common stock.

**ARTICLE V INITIAL REGISTERED OFFICE AND AGENT**

The address of the initial registered office of this corporation and the principal office and mailing address, which are identical, is :12740 S.W. 149th STREET, MIAMI, FLORIDA 33186

The name of the initial registered agent of this corporation is :

ARSENIO ARABITG

**ARTICLE VI INITIAL BOARD OF DIRECTORS**

This corporation should have ONE (1) DIRECTOR initially. The number of directors may be either increased or diminished from time to time by the BY-LAWS but shall never be less than one. The name and address of the initial director of this corporation

is: NAME

ADDRESS

OFFICE

ARSENIO ARABITG      12740 S.W. 149th ST.      PRESIDENT  
MIAMI, FLORIDA 33186

**ARTICLE VII INCORPORATOR**

The name and address of the person signing these Articles is :

ARSENIO ARABITG      12740 S.W. 149th STREET  
MIAMI, FLORIDA 33186

**ARTICLE VIII BY-LAWS**

The power to adopt, alter, amend or repeal BY-LAWS shall be vested in the Board Of Directors.

**ARTICLE IX POWERS**

This corporation shall have all the corporate powers enumerated in the Florida Business Corporation Act.

**ARTICLE X INDEMNITY**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE XI AMENDMENTS**

This corporation reserves the right to amend or repeal any provisions contained in these Articles Of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has executed these Articles of Incorporation this 2nd day of JANUARY, 1996.

  
\_\_\_\_\_  
ARSENIO ARABITG

TITLE: President

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

96 JAN -2 PM 1:46

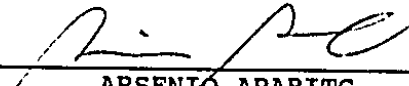
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, 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: ARABITG FAMILY EYE CARE, INC.
2. The name and address of the registered agent and office is:

Name: ARSENIO ARABITG

Address: 12740 S.W. 149th STREET, MIAMI, FLORIDA 33186

  
\_\_\_\_\_  
ARSENIO ARABITG

TITLE: President

DATE: JANUARY 2, 1996

ACKNOWLEDGMENT AND ACCEPTANCE

Having been named as registered agent and to accept service of  
process for the above stated corporation at 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.

  
\_\_\_\_\_  
ARSENIO ARABITG

DATE: JANUARY 2, 1996