# P9600003225

LAZARUS CORPORATI	INDUSTRIES, INC.	SCOTTO 1 READAC
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MIAMI, FLORIDA	33174 (305)552-5973	OFFICE USE ONLY
(City, State, Zip)	•	
LOCAL REPRESENTAT	TIVE TALLAHASSEE	
(904)385-6715		
•	•	i.
	•	•
CORPORATION NAM	E(s) & DOCUMENT NUMB	ER(S) (if known):
1. <u>MATURAL</u>	HEALING MULT	(Document )
2. ·	//· /44/1/4/	(Uocumen( #)
(Corporation	n Name) .	(Document #)
3.	• •	
(Corporado	n Name)	(Document #)
1.		<u> </u>
Corporado		(Document #)
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O NEW FIEINGS	AMENDMENTS	Attition with the first th
Profit S		
	Attendation	
NonProfit	Resignation of R.A. Officer/D	·
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
·	QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	1.
Name Reservation		
	Reinstatement	

Examiner's Initials

1/10/96

Trademark

Other

CR2E031(10/92)

FILEO SECPETARY OF STATE DIVISION OF CERPCRAFIONS

### ARTICLES OF INCORPORATION

96 JAN 10 PH 3: 04

OF

NATURAL HEALING MULTIPLE SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

### ARTICLE 1

The name of this corporation shall be:

NATURAL HEALING MULTIPLE SERVICES, INC.

### ARTICLE 11

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
  To have perpetual succession by its corporate name:

### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

## ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Humberto Alvarez

9490 Independence Rd.

Miami, F1 33157

The Principal office shall be:

9490 Independence Rd.

Miami, F1 33157

### ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

Humberto Alvarez

Jose Mato

Indira Mato

President

Secretary

Treasurer

9490 Independence Rd.

10135 S.W. 212 St.

10135 S.W. 212 St.

Miami, F1 33157

Miami, F1 33189

Miami, Fl 33189

The name and address of the incorporator executing these Articles of Incorporation is:

Humberto Alvarez

Indira Mato

Jose Mato

9490 Independence Rd.

10135 S.W. 212 St.

10135 S.W. 212 St.

Miami, F1 33157

Miami, F1 33189

Miami, F1 33189

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 9th day of January \_\_\_\_\_\_, 19<u>96</u> .

DL.#A416-320-61-028-0

DL.#M300-401-66-849-0

STATE OF FLORIDA

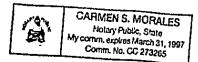
COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Humberto Alvarez, Indira Mato known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

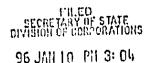
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 9th day of January . 1996 .

AT LARGE

My Commission Expires:



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

	The name and address of the	registered ag	ent and off	ce is:		
•	Humberto Alvarez					
(NAME)						
	949	90 Independ	lence Rd.			
	(P.O. BOX	NOT ACCEP	TABLE)			
	М:	lami, Fl 33	3157			
	(CI	TY/STATE/ZIP	<u>'</u> )			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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.

DATE 1-9-96