

P96000006085

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requester'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

500001693255  
-01/19/96--01053--007  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

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

1. HELPING HAND RESPIRATORY SERVICE, 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

RECEIVED  
96 JAN 19 AM 11:50  
DIVISION OF CORPORATION

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

JP  
1/19/96

96 JAN 19 PM 3:07

**ARTICLES OF INCORPORATION  
OF**

**HELPING HAND RESPIRATORY SERVICE, 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 I**

**The name of this corporation shall be:**

**HELPING HAND RESPIRATORY SERVICE, INC.**

**ARTICLE II**

**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:

MARTHA SOBALVARRO  
10179 S.W. 139 CT.  
MIAMI, FL 33186-0000

The Principal office shall be:

10179 S.W. 139 CT.  
MIAMI, FL 33186-0000

#### ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: MARTHA SOBALVARRO  
10179 S.W. 139 CT.  
MIAMI, FL 33186-0000

V.PRESIDENT: ROGER LACAYO  
10179 S.W. 139 CT.  
MIAMI, FL 33186-0000

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

MARTHA SOBALVARRO  
10179 S.W. 139 CT.  
MIAMI, FL. 33186-0000

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 18 day of JANUARY, 1996.

  
D.L. S141-540-43-788-0

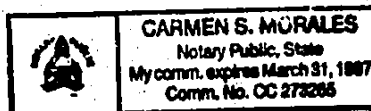
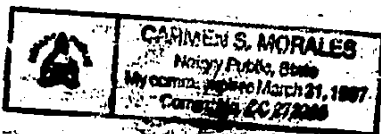
STATE OF FLORIDA     }  
COUNTY OF DADE     } SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared     MARTHA SOBALVARRO                     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 18 day of JANUARY, 1996.

  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:



**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: HELPING HAND RESPIRATORY SERVICE, INC.

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

MARTHA SOBALVARRO

(NAME)

10179 S.W. 139 COURT

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33186-0000

(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 19 PM 3:08

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.

SIGNATURE

*Martha Sobalvarro*

DATE

1/18/96

996000006085

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

400001715304  
-02/15/96--01069--025  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

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(Corporation Name) (Document #)

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(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 State

NEW FILINGS	
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<input type="checkbox"/>	Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 FEB 15 PM 12:31

FILED

DIVISION OF CORPORATION

96 FEB 15 AM 11:23

RECEIVED

N. HENDRICKS FEB 15 1996

**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF INCORPORATION**  
**OF**

**HELPING HAND RESPIRATORY SERVICE, INC.**

**FILED**  
96 FEB 15 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: The following articles shall be changed to read:

**ARTICLE V**

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

Roger Lacayo  
10621 S.W. 88TH ST., #209  
Miami, Florida 33186-0000

The Principal office shall be:

10621 S.W. 88TH St., #209  
Miami, FL 33186-0000

**ARTICLE VI**

The Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as the director is:

**President:** Roger Lacayo  
10179 S.W. 139 Court  
Miami, FL 33186-0000

**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, in the State of Florida.

1. The name of the corporation is: HELPING HAND RESPIRATORY SERVICE, INC.
2. The name and address of the registered agent and office is:

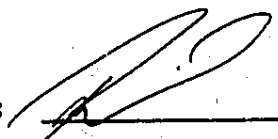
Roger Lacayo

10621 S.W. 88th, #209  
Miami, FL 33186-0000

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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

  
Feb. 12, 1998

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the the amendment if not contained in the amendment itself, are as follows:



THIRD: The date of each amendment's adoption: 12th day of February, 1996.

FOURTH: Adoption of Amendment(s) (Check One)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.  
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
voting group

☐ The amendment(s) was/were adopted by the incorporator(s) without shareholder action and shareholder action was not required.

Signed this day 12th of February, 19 96

Signature \_\_\_\_\_  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Roger Lacayo  
Typed or printed name

President  
Title

JANET W. CORTEZ  
Notary Public, State of Florida  
My Commission Expires April 8, 1997  
Commission No. CC 275489

Sworn to and subscribed before me this  
12th day of Feb, 19 96.

by Roger Lacayo

Signature of Notary Public  
Janet W. Cortez

Notary's Name, Printed, Stamped or Typed  
Personally Known: ☒ or Produced ID  
Type of ID produced \_\_\_\_\_