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 # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_\_\_\_\_\_\_\_ Certified Copy Gertificate of Statish of Corrocation ☐ Mail out Will wait Photocopy

NEW FILINGS					
Profit					
	NonProfit				
	Limited Liability				
	Domestication				
	Other				

協認	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/
Foreign
 Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials

#### ARTICLES OF INCORPORATION

OF

HOME LIFE GERTATRICS CENTER 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:

HOME LIFE GERIATRICS CENTER 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: Maria C. Marquez

7260 S.W. 13 St.

Miami, F1 33144

The Principal office shall be:

7260 S.W. 13 St.

Miami, F1 33144

#### 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:

Maria C. Marquez	President	50%
Estrella Crespo	Secretary	25%
Luz Borrego	Treasurer	254

7260 S.W. 13 St.

Miami, F1 33144

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

Maria C. Marquez 7260 S.W. 13 St. Miami, F1 33144

	IN WITH	ess wh	EREOF,	the u	ndersigned	inco	rport	stor	has
(ve	) executed	these	Articl	es of	Incorporat	tion	this	_30	day
of .	Januai	У		, 19	96				

Maria	0.	Haig	ulz.
DL.#M622-544	1-64-	597-0	U

STATE OF FLORIDA ) SS. COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Maria C. Marquez 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 30 day of \_\_\_\_\_\_\_\_\_, 19 96.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



CARMEN S. MORALES
Notary Public, Story
Mycomm. expires March 31, 1997
Comm. No. CC 273265

# 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.

1.	The name of the corporation is: HOME LIFE GERIATRICS CENTE	R INC.
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2.	The name and address of the registered agent and office is:	S ligh
	Maria C. Marquez	
	(NAME)	
	7260 S.W. 13 St.	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	rs on
	Miami, F1 33144	
	(CITY/STATE/ZIP)	·

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	Maria	Q.	Ky	loing	$uc_2$
			$\mathcal{T}$	<i>j.</i>	0
DATE	1-30-96				