

P96000013563

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

900001713869  
-02/13796--01101--019  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. MEDLEY ADULT DAY 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

FILED  
96 FEB 13 PM 1:23  
RECEIVED  
96 FEB 13 AM 11:45  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

Examiner's Initials

Dmc 2/13/96

**ARTICLES OF INCORPORATION****OF**MEDLEY ADULT DAY CARE INC.**FILED**

96 FEB 13 PH 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

MEDLEY ADULT DAY CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

MEDLEY ADULT DAY CARE  
7911 NW 72 AVE MEDLEY; FLORIDA 33166  
SUITE 109**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARE OF 1.00

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

IVONNE HERNANDEZ  
7911 NW 72 AVE SUITE 109  
medley, florida 33166

**ARTICLE V INCORPORATOR(S)**

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

IVONNE HERNANDEZ  
7911 NW 72 AVE SUITE 109  
MEDLEY, FLORIDA 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of FEBRUARY, 1996.

*Ivonne Hernandez* PRESIDENT.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE FILED**

96 FEB 13 PM 1:23

PURSUANT TO THE PROVISIONS OF SECTION 807.0801 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MEDLEY ADULT DAY CARE INC.

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

IVONNE HERNANDEZ

(Name)

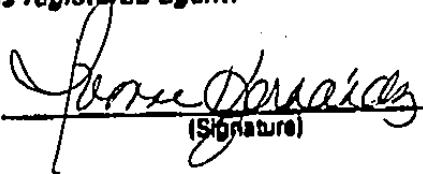
7911 NW 72 AVE SUITE 109

(P.O. Box not acceptable)

MIAMI , MEDLEY FLORIDA 33166

(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)

PRESIDENT.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL