# 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

क्रक्रक्र¥70.75 Office Use Only

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

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	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merge.

OTHER FILINGS
 Annual Report
Fictitious Na: 12
Name Reservation

REGISTRATION/
Foreign
Limited Partnership
Reinstatement
Trademark
 Other

DIVISION OF CORPORATION

Examiner's Initials

96 FEB 16 PH 2: 49

## CERTIFICATE OF INCORPORATION OF T & N MEDICAL EQUIPMENT & SUPPLY, INC.

We, the undersigned, hereby associate conseives temether to the purpose of becoming a corporation under the laws of the State of Florida. Providing for the Formation, trees privileges, immunities and liabilities of incorporation to profit.

#### ARTICLE I

The name of the corporation should be:

#### I & N MEDICAL EQUIPMENT & SUPPLY. INC.

#### ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

#### ARTICLE III

The maximum number of shares which the corporation is authorize to issue and have outstanding at any one time  $\cdots$  100 shares of common stock, which shares shall be or no recyalue.

All stock is to be issued as fully paid and exempt trom assessment.

#### ARTICLE IV

The pledge, sale, transfer or other discossition considers capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

#### ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00)

#### ARTICLE VI

The existence of the corporation is perpetual.

#### ARTICLE VII

The initial post office address of the principal office of the corporation in the State of Florida is:
256 SW 8 STREET No. 541, MIAMI, FL 33130 The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is: 256 SW 8 STREET #541, MIAMI, FLORIDA 33130

The registered agent at the address is IRMA RIVERA

#### ARTICLE VIII

The business of the corporation shall be managed by a occasion of directors consisting of no less than two nor more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent or writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

#### ARTICLE IX

The names and post office of the members of the first board of directors and the slate of corporate officers are as follows:

IRMA RIVERA PRESIDENT ZOYLA MARRUGO SECRETARY 256 SW 8 STREET #541 MIAMI, FLORIDA 33130 256 SW 8 STREET #541 MIAMI, FLORIDA 33130

#### ARTICLE X

THE STOCK OF THE CORPORATION MAY BE ISSUED PERSUANT OF THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE CODE, SO THAT THE STOCKHOLDERS OF THE Corporation MY RECEIVE THE BENEFITS PROVIDED THEREUNDER.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS, THIS\_14TH DAY OF FEBRUARY OF 1996. —

TRMA RIVERA 256 SW 8 STREET #541 MIAMI, FLORIDA 33130 ZOYLA MARRUGO 256 SW 8 STREET #541 MIAMI, FLORIDA 33130

FILED DECRETALLY OF STATE DIVISION OF COMPORATIONS

96 FEB 16 PH 2: 48

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMITTLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT DECAY WHOM PROCESS MAY SE SERVED.

Persuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida.

The name of the corporation is I & N MEDICAL EQUIPMENT & SUPPLY, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal of a consistency of Miami. State of Florida has named:

IRMA RIVERA located at 256 SW B STREET 4541 MIAMI, FLORIDA 33130 agent to accent consistency of State of Florida County of Dade.

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.

TRMA RIVERA

## - P9600014789

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORDA

afficer Resign

.Florida Department of State, Sandra B. Mortham, Secretary of State

#### **OFFICER / DIRECTOR RESIGNATION**



1, Zoila Marrugo, hereby resign as Secretary
of TEN Medical Equipment & Supply, Inc.
a corporation organized under the laws of the State of Florido
That the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 12, 1997

NATASHA RODRIGUEZ 16099 S.W. 138 PLACE MIAMI, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC. Ref. Number: P96000014789

We have received your document for I & N MEDICAL EQUIPMENT & SUPPLY, INC.. However, the document has not been filed and is being returned for the following:

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Letter Number: 597A00031643

Teresa Brown **Corporate Specialist** 



## FLORIDA DEPARTMENT OF STATE Sundra B. Mortham Secretary of State

June 26, 1997

NATASHA RODRIGUEZ 16099 S.W. 138 PLACE MIAMI, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC.

Ref. Number: P96000014789

We have received your document for 1 & N MEDICAL EQUIPMENT & SUPPLY, INC.. However, the document has not been filled and is being returned for the following:

The document must be signed by the resigning officer/director.

The fee to file articles of amendment is \$35. For each certified copy requested, please add an additional \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Teresa Brown Corporate Specialist

Letter Number: 397A00033767



## FLORIDA DEPARTMENT OF STATE Sundra B. Mortham Socretary of State

August 20, 1997

Natasha Rodriguez 16099 SW 138 Place Mlami, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC.

Ref. Number: P96000014789

Deblt Memo #: 80540-E

## P46000014789

Letter number: 597A00042098

This is to inform you that your check #0125 dated July 7, 1997 in the amount of \$87.50 and submitted for I & N MEDICAL EQUIPMENT & SUPPLY, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$102.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant I Division of Corporations

cc:I & N Medical Equipment&Supply,Inc. 16099 SW 138 Place Miami, Fl. 33177 Parate 6000 147 POR OFFICIAL USE

NUMBER

AUG 1 3 1997

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

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GRAND TOTAL:

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AUG 13 1997

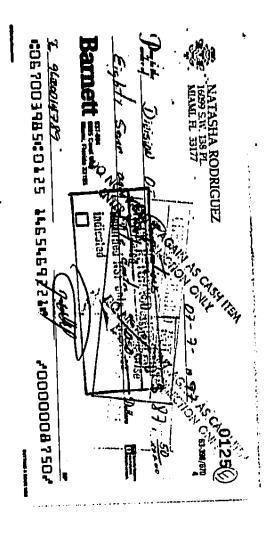
PERSONNEL

Process Date: 07/25/97

nelabove named fund(s) has been reduced by the amount of lines. Check(s) under authority of Section 215.34, F.S.

Bill Nelso

State Treasu



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September 24, 1997

Natasha Rodriguez 16099 SW 138 Place Miami, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC.

Ref. Number: P96000014789

Debit Memo #: 80540-E

Due to your failure to respond to our previous letter advising you of the returned check #0125, the Articles of Incorporation for I & N MEDICAL EQUIPMENT & SUPPLY, INC. have been cancelled and are considered not filed as of September 23, 1997.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely Melinda Lilliston Administrative Assistant I Division of Corporations

Letter number: 797A00047210

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cc:I & N Medical Equipment&Supply,Inc. 16099 SW 38 Place Miami, Fl. 33177