

P960000/5385

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

600001716976
-02/16/96--01049--015
****122.50 ****122.50

Office Use Only

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

1. GEM MEDICAL EQUIPMENT 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 |

RECEIVED
96 FEB 16 AM 11:27
DIVISION OF CORPORATION

789-502-672
W96-3644



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 16, 1996

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVENUE #16
MIAMI, FL 33174

SUBJECT: G & M MEDICAL EQUIPMENT INC.
Ref. Number: W96000003644

RECEIVED
96 FEB 19 PM 2:44
DIVISION OF CORPORATIONS

We have received your document for G & M MEDICAL EQUIPMENT INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 596A00006962

96 FEB 19 PM 3:13

ARTICLES OF INCORPORATION

OF

YOU & ME MEDICAL EQUIPMENT 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:

YOU & ME MEDICAL EQUIPMENT 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: THE SALE AND RENTAL OF MEDICAL EQUIPMENT

(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:

Gerardo Calveiro
1150 Coral Way Suite 14
Miami, Fl 33129

The Principal office shall be:

1150 Coral Way Suite 14
Miami, Fl 33129

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:

| | | |
|-------------------------|----------------|-----|
| Gerardo Calveiro | President | 50% |
| Milagros Pineiro Castro | Vice-President | 50% |

1150 Coral Way Suite 14
Miami, Fl 33129

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

Gerardo Calveiro
1150 Coral Way Suite 14
Miami, Fl 33129

IN WITNESS WHEREOF, the undersigned incorporator has
(ve) executed these Articles of Incorporation this 15th day
of February, 19 96.

Gerardo Calveiro

FILED
STATE
SECRETARY OF CORPORATIONS
96 FEB 19 PM 3:13

The name of the corporation is: YOU & ME MEDICAL EQUIPMENT INC.

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

Gerardo Calveiro
(NAME)

1150 Coral Way Suite 14
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33129

(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 PER-
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Gerardo Calveiro

DATE

2-15-96