

P96000015024

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

800001719158  
-02/20/96--01076--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. Miller (Canada) Corp. P.O.  
(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

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96 FEB 20 AM 11:01  
DIVISION OF CORPORATION

Examiner's Initials 12/20/96

STATE OF FLORIDA  
JAN 20 1975 15

ARTICLES OF INCORPORATION  
OF

MIRTHA AMADOR D.M.D. P.A.

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I, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE 1 NAME

The name of the corporation shall be:

MIRTHA AMADOR D.M.D. P.A.

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ARTICLE II - PURPOSE

The general character, purpose, and nature of business to be transacted by this corporation is to carry on dental services and dental care to clients in the State of Florida.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$ 600.00.

ARTICLE V - CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI - POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be:  
2745 Ponce de Leon Blvd., Coral Gables, Fl. 33134

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VII - NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting of one persons initially.

The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII - INITIAL DIRECTORS

<u>N A M E</u>	<u>A D D R E S S</u>
Mirtha Amador DMD	8892 NW 187 St. Miami Lakes Fl. 33015

ARTICLE IX - OFFICERS

<u>N A M E</u>	<u>T I T L E</u>
Mirtha Amador DMD	President.

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: MIRTHA AMADOR D.M.D. P.A.
2. The name and address of the registered agent and office is:  
Mirtha Amador D.M.D.  
(NAME)  
2745 Ponce de Leon Blvd.  
(P.O. BOX NOT ACCEPTABLE)  
Coral Gables, Fl. 33134  
(CITY/STATE/ZIP)

SIGNATURE *M. Amador*  
(CORPORATE OFFICER)

TITLE President.

DATE 2-15-96

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 M. DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *M. Amador*

DATE 2-15-96

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ARTICLE X - SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

N A M E

A D D R E S S

Mirtha Amador D.M.D.

Same as article VIII

ARTICLE XI - AMENDMENTS

These Articles of Incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII - REGISTERED OFFICE AND AGENT

The initial street address of the registered office of the corporation is:  
2745 Ponce de Leon Blvd. Coral Gables, Fl. 33134

and the registered agent is:

Mirtha Amador D.M.D.

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

15th day of February, 19 96

Mirtha Amador (SEAL)  
Mirtha Amador DMD- President

\_\_\_\_ (SEAL)

\_\_\_\_ (SEAL)