P96000017334

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 07 AVENUE SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. SAINT MICHAEL MEDICAL & REHABILITATION, 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
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

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-02/26/96--01019--004
****122.50 ****122.50

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED
96 FEB 26 AM 11:41
DIVISION OF CORPORATION

.95)

Examiner's Initials	2/26/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB 26 PM 2:07

ARTICLES OF INCORPORATION
OF

SAINT MICHAEL MEDICAL & REHABILITATION, INC.

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

ARTICLE I NAME

The name of the corporation shall be:
SAINT MICHAEL MEDICAL & REHABILITATION, INC.

The principal place of business of this corporation shall be: 8080 WEST FLAGER ST STE 2-B, MIAMI, FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florid or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:
100 SHARES AT $5.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ALEFRAN YOVERA /PRES/SEC
8080 WEST FLAGER ST STE 2-B
MIAMI, FL 33144

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incoporation is(are):

ALEFRAN YOVERA/ PRES/ SLC
8000 WEST FLAGLER ST STE 2-B
MIAMI, FL 333144

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16TH day of FEBRUARY, 1996.

Signature(s) of Incorporator(s)

Driver's License Identification

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 16th day of FEBRUARY, 1996, by ALEFRAN YOVERA
(Name of Incorporator)

of SAINT MICHAEL MEDICAL & REHABILITATION, INC
(Name of Corporation)

OFFICIAL NOTARY SEAL
MARIA C DE LA PRIDA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC387710
MY COMMISSION EXP. JUNE 27,1998

(SEAL)

Notary Public

My Commission Expires:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB 26 PM 2:00

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:
SAINT MICHAEL MEDICAL & REHABILITATION, INC.

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

ALEFRAN YOVERA

8080 W FLAGER ST STE 2-B
(PO BOX NOT ACCEPTABLE)

MIAMI, FL. 33144
(CITY/SATE/ZIP CODE)

Signature _____
(Corporate Officer)

Title PRESIDENT

Date FEBRUARY 16TH, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature _____
(Registered Agent)

Date FEBRUARY 16TH, 1996