

P960000/8851

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

Office Use Only

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

1. J. & O. MEDICAL SUPPLY SERVICES, 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

300001726963  
-02/28/96--01074--029  
\*\*\*\*122.50 \*\*\*\*122.50

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

789-612-671  
W96-4511

RECEIVED  
96 FEB 28 AM 11:47  
DIVISION OF CORPORATION

2/29/96



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

February 28, 1996

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

**SUBJECT: J. & O. MEDICAL SUPPLY SERVICES, INC.**  
Ref. Number: W9600004511

We have received your document for J. & O. MEDICAL SUPPLY SERVICES, 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 registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 996A00008777

RECEIVED  
96 FEB 29 AM 10:30  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 29 PM 3:40

**CERTIFICATE OF CORPORATION**

**OF:**

**J. & O. MEDICAL SUPPLY SERVICES, INC.**

I (We) the undersigned, do to hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions.

**\*\*\*\*\*ARTICLE ONE\*\*\*\*\***

The name of the corporation shall be:

**J. & O. MEDICAL SUPPLY SERVICES, INC.**

**\*\*\*\*\*ARTICLE TWO\*\*\*\*\***

The corporation may engage in any activity or business permitted under the Laws of the United States of America and of the state of Florida.

**\*\*\*\*\*ARTICLE THREE\*\*\*\*\***

The maximum number of shares of stocks which the corporation shall have outstanding at any time, shall be **Five Hundred (500)** of stocks which shall be common stocks per value of **One (\$1.00) Dollar** per all or any part of the capital stock may be paid for either in monies of the United States of America, or on services, at a true value thereof.

**\*\*\*\*\*ARTICLE FOUR\*\*\*\*\***

This Corporation shall begin business with a minimum capital of the amount of **Five Hundred (500) Dollars**.

**\*\*\*\*\*ARTICLE FIVE\*\*\*\*\***

This Corporation shall have perpetual existence.

**\*\*\*\*\*ARTICAL SIX\*\*\*\*\***

The principal office of the corporation shall be located at:

**3545 NW 11TH STREET  
MIAMI, FL. 33125**

Other office for the transaccion of business may be located wherever the Directors may deem necessary or expedient.

**\*\*\*\*\*ARTICLE SEVEN\*\*\*\*\***

The business of the corporation shall be managed by a board of Directors, who need not to be stockholders of the corporation.

The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to manner of holding such meetings prescribed by the bylaws.

4  
\*\*\*\*\*ARTICLE EIGHT\*\*\*\*\*

The name and post office addresses of the members of the First Board of Directors and the officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

PRESIDENT: 

NAME: JULIA PENA

ADDRESS: 3545 NW 11TH STREET

MIAMI, FL. 33125

SECRETARY: 

NAME: ODALYS E. PENA

ADDRESS: 10830 SW 84TH STREET APT. #D-3  
MIAMI, FL. 33173

**\*\*\*\*\*ARTICLE NINE\*\*\*\*\***

The name and post office addresses of each of the subscribers to this certificate of Incorporation and the number of shares of stock which each subscriber agrees to take, are as follows:

**SUBSCRIBER:**

NAME: **ODALYS E. PENA**

ADDRESS: **10830 SW 84TH STREET APT. #D-3  
MIAMI, FL. 33173**

NO. OF SHARES: **250**

SIGNATURES: 

**\*\*\*\*\*ARTICLE TEN\*\*\*\*\***

This corporation shall have full power to carry on and transact each of all of the business enumerated in Article Two of the Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

**\*\*\*\*\*ARTICLE ELEVEN\*\*\*\*\***

This corporation shall have the power to issued the whole or any part determined by the Booard of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until thereof shall have been paid.

**\*\*\*\*\*ARTICLE TWELVE\*\*\*\*\***

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law on this certificate otherwise provided any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of stockholders holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided be the by-laws the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof.



**\*\*\*\*\*ARTICLE THIRTEEN\*\*\*\*\***

The corporation does hereby designate to the following address as its registered office:

ADDRESS: 10830 SW 84th Street Apt. #D-3  
Miami, Florida 33173

The corporation does hereby designate to the following person as its resident agent:

NAME: ODALYS E. PENA

**STATE OF FLORIDA)  
COUNTY OF DADE)**

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared:

**JULIA PENA**

who, after being by me first duly sworn, executed the foregoing Certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereto set my hand and official seal at Miami, said county and State:

  
\_\_\_\_\_  
Notary Public, State of Florida at Large

**My Commission Expires:**

**MARIA JUHE**  
Notary Public, State of Florida  
My Comm. expires June 7, 1997  
No. GC202734

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 29 PM 3:40

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: J. & O. MEDICAL SUPPLY SERVICE, INC.

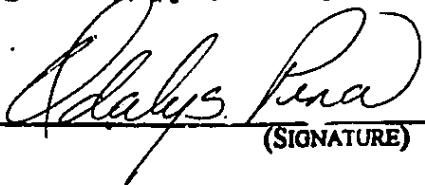
2. The name and address of the registered agent and office is:

ODALYS E. PENA  
(NAME)

10830 SW 84TH STREET APT. #D-3  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL. 33173  
(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.*

x   
(SIGNATURE)

2/21/96  
(DATE)