LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name

890 S.W. 07 AVENUE SUITE: 16
Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

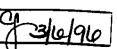
Office Use Only

CORPORATION NAME(S)	Δk	DOCUMENT	'n,	NUMBER(S),	(i)	f known):
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1. JENA	(Corporation Name)	LEQUIPMENTS INC.	
	(Corporation Name)		<u></u> -
	Corporation Name)	(Document #)	_
4,(Corporation Name)	(Document #)	
Walk in	Pick up time 31	σ δ □ Certifled Copy	
Mail out	☐ Will wait	Photocopy	
NEW FINGS	M MENDMEN		
Profit	Amendment		
NonProfit	Resignation of R.A	., Officet/Director	
Limited Liability	Change of Register	ed Agent	
Domestication	Dissolution/Withdr	awal Si Sh	. 7
Other	Merger	5	. ;
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Annual Report	TOUATIFICA	TOW SEE O	



Examiner's Initials



Fictitious Name

Name Reservation

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ARTICLES OF INCORPORATION 96 HAR -5 (2) 9: 54

JENNY MEDICAL EQUIPMENTS INC.
these Articles of Incorporation for the purpose of organizing and
incorporating under the laws of the State of Florida, by and under one
provisions of the statutes of the State of Florida, providing for the
formation, liability, rights, privileges and immunities of the corporation
for profit.
ARTICLE I NAME
The name of the corporation shall be:
JENNY MEDICAL EQUIPMENTS INC.

ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of <u>60</u> shares of common stock, having \$\frac{10.00}{2}\$ 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 9	٧ -	CORFORATE	EX1STENCE

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:

1800 W. 49 St. Suite 324-L, Hialeah, F1. 33012

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 requiered by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII - INITIAL DIRECTORS

NAME	ADDRESS
Roberto Delgado	12401 W. Okeechobee Rd. Lot-26, Hialeah Gardens, Fl. 33016

ARTICLE IX - OFFICERS

NAME	TITLE

Roberto Delgado

President.

	ARTICLE X - SUBSCRIBERS
The name and post office	addresses of the subscribers to these articles
are as follow:	
N A M E	ADDRESS
Roberto Delgado	Same as article VIII
	ARTICLE XI - AMENDMENTS
These Articles of Incorpo	pration may be amended from time to time in the
	Every amendment shall be approved by the Board
	them to the stockholders and approved at a
	a majority of the stockholders entitled to vote.
ARTICLE	XII - REGISTERED OFFICE AND AGENT
	s of the registered office of the corporation is:
	24-L, Hialeah, Fl. 33012
and the registered agent	——————————————————————————————————————
Roberto Delgado	
The undersigned has (have	e) executed these Articles of Incorporation this:
4th day of	
	0 0-95
	(SEAL)
	Roberto Delgado-President
	(SEAL)

(SEAL)

AT THE PROPERTY OF THE PARTY.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

96117-4 719 54

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: JENNY MEDICAL EQUIPMENTS INC.
2.	The name and address of the registered agent and office is:
	ROBERTO DELGADO
	(NAME)
	1800 W 49 St. Suite 324-L
	(P.O. BOX NOT ACCEPTABLE)
	Hialeah F1 33012
	(CITY/STATE/ZIP)
	SIGNATURE Y Jely
	(CORPORATE OFFICER)
	TITLE President
	DATE3-4-96
ABO ACC I F PRO	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE VE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY EPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. URTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

3-4-96