

P96000022322

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

3000001740078  
-03/12/96--01000--0003  
\*\*\*122.50 \*\*\*122.50

Office Use Only

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

1. SUNBEAM MEDICAL DEPOT, 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  
95 MAR 12 AM 11:42  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR 12 PM 2:04

## ARTICLES OF INCORPORATION

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

### Article I NAME

The name of the corporation shall be:

SUNBEAM MEDICAL DEPOT, INC.

### Article II PRINCIPAL OFFICE

The principal place of business and address of this corporation shall be:

7288 W. PALMETTO PARK ROAD, BOCA RATON, FLORIDA 33433

### Article III SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

100

### Article IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANGELICA LOPEZ-LEVESQUE  
7288 W. PALMETTO PARK ROAD, BOCA RATON, FLORIDA 33433

Article V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANGELICA LOPEZ-LEVESQUE  
7288 W. PALMETTO PARK ROAD, BOCA RATON, FLORIDA 33433

Article VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

ANGELICA LOPEZ-LEVESQUE  
7288 W. PALMETTO PARK ROAD, BOCA RATON, FLORIDA 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2 day of February, 1996.

  
Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR 12 PM 2:04

**CERTIFICATION OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the law 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:

SUNBEAM MEDICAL DEPOT, INC.

2. The name and address of the registered agent is: **ANGELICA LOPEZ-LEVESQUE**

7288 W. PALMETTO PARK ROAD, BOCA RATON, FLORIDA 33433

Signature

*Angelica Lopez-Levesque*

Title

*President*

Date

*Feb. 2, 96*

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

*Angelica Lopez-Levesque*

Date

*Feb. 2, 96*

TO :  
DEPARTMENT OF STATE

FOR OFFICIAL USE  
DATE NUMBER

P 96 0000 22322

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	245.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	245.00	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	122.50

GRAND TOTAL:

\$ 245.00

96 MAR 29 PM 1:40  
FISCAL MANAGEMENT

RECEIVED

Process Date: 03/19/96

The above named fund(s) has been reduced by the amount of  
this check(s) under authority of Section 215.34, F.S.

Bill Nelson  
State Treasurer

Name \_\_\_\_\_

Account No \_\_\_\_\_

3871291737

No. (A)

PAY TO THE ORDER OF

ONE HUNDRED AND NO/100 DOLLARS

Barrett Bank

indicated

*Eddie Boyd*

DOLLARS

\$ 100.50

RESERVED THIS MAY 15 1996

00670140260

3871291737

000000122504

DEPT OF STATE 4500453  
FOR DEPOSIT ONLY  
-03/12/96--01093--008  
\*\*\*\*\*122.50

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09 254955 03-13 03-13 JRX FL 13  
BARNETT JAX



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

April 3, 1996

Sunbeam Medical Depot, Inc.  
7288 West Palmetto Park Rd.  
Boca Raton, FL 33433

**SUBJECT: SUNBEAM MEDICAL DEPOT, INC.**  
Ref. Number: P96000022322

Debit Memo #: 63109-A

This is to inform you that your check #Counter Check dated March 8, 1996 in the amount of \$122.50 and submitted for SUNBEAM MEDICAL DEPOT, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 496A00015312

cc:Sunbeam Medical Depot, Inc.  
7288 West Palmetto Park Rd.  
Boca Raton, Florida 33433





**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

May 6, 1996

Sunbeam Medical Depot, Inc.  
7288 West Palmetto Park Rd.  
Boca Raton, FL 33433

**SUBJECT: SUNBEAM MEDICAL DEPOT, INC.**  
Ref. Number: P96000022322

Debit Memo #: 63109-A

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Articles of Incorporation for SUNBEAM MEDICAL DEPOT, INC. have been cancelled and are considered not filed as of May 6, 1996.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 096A00021949