

P96000023148

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

800001 743268
-03/14/96--01074--007
*****78.75 *****78.75

Office Use Only

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

1. THE BREATHING & SLEEPING DISORDER
(Corporation Name) (Document #)
2. CENTER, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2:00
☐ Will wait

☐ Photocopy

☐ Certified Copy
☒ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 14 PM 3:02

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

3/14/96

ARTICLES OF INCORPORATION

of

THE BREATHING & SLEEPING DISORDER CENTER, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

THE BREATHING & SLEEPING DISORDER CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ERNESTO M. CARRALERO		
ADDRESS	160 WEST 31 ST.		
CITY	HIALEAH	FLORIDA	ZIP 33012

The principal office, if known, or the mailing address of the corporation is:

NAME	THE BREATHING & SLEEPING DISORDER CENTER, INC.		
ADDRESS	160 WEST 31 ST.		
CITY	HIALEAH	FLORIDA	ZIP 33012

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ERNESTO M. CARRALERO	PDT/ VICE PDT/ TREASURER/ SECRETARY
ADDRESS	160 WEST 31 ST.	
CITY	HIALEAH	STATE FLORIDA ZIP 33012
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ERNESTO M. CARRALERO		
ADDRESS	160 WEST 31 ST.		
CITY	HALEAH	STATE	FLORIDA
		ZIP	33012
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12 day of MARCH, 1996

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA

COUNTY OF DADE

)
SS
)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

ERNESTO M. CARRALERO

Signature

FL DL #C646-213-35-411

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
JORGE BANOS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC253211
MY COMMISSION EXP. JAN. 14, 1997

Witness my hand and official seal in the County and State last aforesaid this

12 day of MARCH, 1996

Notary Signature

JORGE BANOS

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 14 PM 3:02

THE BREATHING & SLEEPING DISORDER CENTER, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

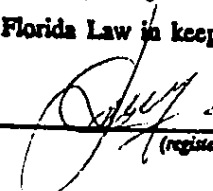
at 160 WEST 31 ST.
HIALEAH, FLORIDA 33012

has named ERNESTO M. CARRALERO

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.



(registered agent)