

P96000027814

LAZARDUS 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. JORDAN CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:31

☒ 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"/> | For sign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

789-502-672
696-6650

RECEIVED
95 MAR 27 PM 11:30
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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96 MAR 29 PM 3:02
DIVISION OF CORPORATIONS

March 27, 1996

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

SUBJECT: JORAM CORPORATION
Ref. Number: W96000006650

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DIVISION OF CORPORATIONS
96 MAR 29 PM 3:31

We have received your document for JORAM CORPORATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Clairetha Golden
Document Specialist

Letter Number: 796A00014085

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DIVISION OF CORPORATIONS

96 MAR 29 PM 3:31

ARTICLES OF INCORPORATION
OF

JORAM MEDICAL EQUIPMENT CORP.

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:

JORAM MEDICAL EQUIPMENT CORP.

The principal place of business of this corporation shall be: 1840 WEST 49 ST STE 728, HIALEAH, FL 33012

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 Florida, 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):

MERCEDES DE LA CARIDAD MARTINEZ /PRES/SEC
1840 WEST 49 ST STE 728
HIALEAH, FL 33012

ARTICLE VI INCORPORATOR(S).

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

MERCEDES DE LA CARIDAD MARTINEZ/ PRES/ SEC
1840 WEST 49 ST STE 728
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____ 5TH day of ____ MARCH ____, 1996.

Signature(s) of Incorporator(s)

[Signature]

DRIVER'S LICENSE IDENTIFICATION

STATE OF ____ FLORIDA ____
COUNTY OF ____ DADE ____

THE FOREGOING instrument was acknowledged and sworn to before me this ____ 5th ____ day of MARCH, 1996, by ____ MERCEDES DE LA CARIDAD
(Name of Incorporator)

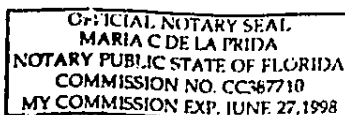
MARTINEZ of ____ JORAM MEDICAL EQUIPMENT CORP. ____
(Name of Corporation)

Notary Public

[Signature]

My Commission Expires: ____

(SEAL)



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DIVISION OF CORPORATIONS

96 MAR 29 PM 3:31

**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:

JORAM MEDICAL EQUIPMENT CORP.

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

MERCEDES DE LA CARIDAD MARTINEZ

1840 W 49 ST STE 728

(PO BOX NOT ACCEPTABLE)

HIALEAH, FL. 33012

(CITY/STATE/ZIP CODE)

Signature

(Corporate Officer)

Title

PRESIDENT

Date

MARCH 5TH, 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

MARCH 5TH, 1996