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| LAZARUS COR | PORATE INDUSTRIES, INC. equestor's Nume | |
|------------------------------|---|---------------------------------------|
| 890 S.W. 87 | AVENUE SUITE: 16 | |
| MIAMI, FLOR | 1DA 33174 (305)552-5973 5/2lp Phone // | |
| • | SENTATIVE TALLAHASSE) | Office Use Only |
| | NAME(S) & DOCUMENT NUM | · · · · · · · · · · · · · · · · · · · |
| 1. J , ? (Cor | | OLTH CARE SERVICES |
| 2. <u>(Cor</u> | | reunient#) ####122.50 ####122.50 |
| 3(Cor | poration Name) (De | ####122,50 ####122,50 |
| 4(Cor | | cument #) |
| Walk in | Pick up time | Certified Copy |
| Mail out | ☐ Will wait ☐ Photocopy | · · · · · · · · · · · · · · · · |
| NEW FILINGS | AMENDMENTS | |
| Y Profit | Amendment | F 92 3 |
| NonProfit | Resignation of R.A., Officer/ Direc | tor Significant |
| Limited Liability | Change of Registered Agent | 172 12 172 12 |
| Domestication | Dissolution/Withdrawal | |
| Other | Merger | |
| OTHER FILINGS Annual Report | REGISTRATION/ | |
| Fictitious Name | Foreign | |
| Name Reservation | Limited Partnership | |
| | Reinstatement | |
| | Trademark | I SN APR 1 1 1996 |
| | Other | [AM APR 1 2 1996 |

CR2E031(1/95)

Examiner's Initials

ARTICLES OF INCORPORATION Santa 18 Sty · OF J.& J. HOME HEALTH CARE SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

J. & J. HOME HEALTH CARE SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE 111

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name:

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JORGE LUIS CUBERO 1111 S.W. 105 Ave.Apt.610 MIAMI,FL.33174

The Principal office shall be:

7171 CORAL WAY, Suite, 311 MIAMI, FL. 33155

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

Jorge Luis Cubero 1111 S.W. 105 Ave.Apt.610 Miami, FL.33174

Julio Cezar Perez 760 W. 77 St. Hialeah, FL.33014 The name and address of the incorporator executing these Articles of Incorporation is:

JORGE LUIS CUBERO 1111 S.W. 105 AVE. APT.610 MIAMI, FL. 33174

JULIO CEZAR PEREZ 760 W. 77 ST. HIALEAH, FL. 33014

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 10th day of _________, 1996_.

STATE OF FLORIDA) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 10 th day of ________, 19 76.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 807.0501 or 617.0501, 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. & J. HOME HEALTH CARE SERVICES, I | NC |
|----|--|----------|
| 2. | The name and address of the registered agent and office is: | ' |
| | JORGE LUTS CUBERO (NAME) | • |
| | 1111 S.W. 105 AVE. APT.610 | |
| | (P.O. BOX <u>NOT</u> ACCEPTABLE) MIAMI, FL. 33174 | |
| | (CITY/STATE/ZIP) | <u> </u> |

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.

SIGNATURE 04/10/96

DATE 04/10/96