P96000033049

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

600001782526
-04/16/96--01089--024
****122.50 ****122.50
Office Use Only

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

1. MEDICAL NECESSITIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
96 APR 16 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
96 APR 15 AM 11:15
RECEIVED
CORPORATION OF CORPORATION

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

APR 16

CR2E031(1/95)

Examiner's Initials	

ARTICLES OF CORPORATION
OF

MEDICAL NECESSITIES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Corporation:

ARTICLE I: NAME

The name of the corporation shall be:

MEDICAL NECESSITIES, INC.

The principal place of business of this corporation shall be:

1250 W 63 STREET APT 7
HIALEAH, FLORIDA 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 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):

LYDIA DE LA VEGA
PRESIDENT / VICE-PRESIDENT / SECRETARY / TREASURER
1250 W 53 STREET APT 7
HIALEAH, FLORIDA 33012

ARTICLE VI: INCORPORATOR(S)

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

LYDIA DE LA VEGA
1250 W 53 APT 7
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of April, 1996.

Signature(s) of Incorporator(s)

Lydia de la Vega

STATE OF Florida

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 11th day of April, 1996, by LYDIA DE LA VEGA of MEDICAL NECESSITIES, INC.
NAME OF CORPORATION

Notary Public

Celia Cabrera

(SEAL)

Celia Cabrera
Notary Public, State of Florida
Commission No. CC 523362
My Commission Expires 03/31/00
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

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:

MEDICAL NECESSITIES, INC.

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

LYDIA DE LA VEGA

1250 W. 67 STREET
(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA 33012
(CITY / STATE / ZIP CODE)

Signature: _____
(Corporate Officer)

Title: PRESIDENT

Date: 4/11/96

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: _____
(Registered Agent)

Date: 4/11/96

P96000033047

COMPREHENSIVE*
BUSINESS SERVICES

[redacted]

1342 Colonial Blvd., Ste. F46, Fort Myers, FL 33907

City/State/Zip Phone #

Office Use Only

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96 DEC 16 AM 8:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

800002030388---1
-12/17/96--01056--002
*****35.00 *****35.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
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	Other

	AMENDMENTS
	Amendment
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	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RA Chg.

VS DEC 2 7 1996

Examiner's Initials	

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. The name of the corporation is: Atlanthss Enterprises Unlimited, Inc.

1b. The mailing address of the corporation is : 1903 SE 15th Street
Cape Coral, FL 33990

1c. Date of Incorporation: 4/12/96 Document number: P96000033047

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

Larry Wolfe
200-A John Knox Road
Tallahesse, FL 32303-6643

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

Ronald Brembt
1342 Colonial Blvd., Suite F46
Fort Myers, FL 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Brenda Matycich 12/10/96
(Signature of an officer, chairman or vice chairman of the board) (Date)

Brenda Matycich
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) 12/6/96 (Date)

If signing on behalf of an entity:

Ronald Brembt (Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: $35.00

CR2E045(11/94)