

P96000036013

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

900001794679

-04/25/96--01069--010

\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. GINETTE MEDICAL SUPPLY CORP.  
(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  
56 APR 25 4:11:16  
DIVISION OF CORPORATION

SN APR 25 1996

FILED  
25 APR 25 PM 1:27  
GALLAHUSSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

GINETTE MEDICAL SUPPLY, 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:  
GINETTE MEDICAL SUPPLY, CORP.

The principal place of business of this corporation shall be: 215 SW 17 AVE STE 301, MIAMI, FL 33135

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):

ISABEL ROJAS /PRES/SEC  
301 EAST 18 STREET  
HIALEAH, FL 33010

ARTICLE VI INCORPORATOR(S)

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

ISABEL ROJAS/ PRES/ ELC  
301 EAST 10 STREET  
HIALEAH, FL 33010

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3TH day of APRIL, 1996.

Signature(s) of Incorporator(s)

*[Signature]* *Isabel Rojas*  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 3th day of APRIL, 1996, by ISABEL ROJAS.  
(Name of Incorporator)

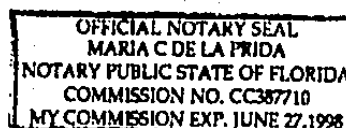
of \_\_\_\_\_ GINETTE MEDICAL SUPPLY, CORP.  
(Name of Corporation)

Notary Public

*Maria C. de la Prada*

My Commission Expires: \_\_\_\_\_

(SEAL)



**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:  
GINETTE MEDICAL SUPPLY, CORP.

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

ISABEL ROJAS  
301 EAST 18 STREET  
(PO BOX NOT ACCEPTABLE)  
MIALEAH, FL 33010  
(CITY/STATE/ZIP CODE)

Signature \_\_\_\_\_  
(Corporate Officer)

Title \_\_\_\_\_ PRESIDENT \_\_\_\_\_

Date \_\_\_\_\_ APRIL 3TH, 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 \_\_\_\_\_ APRIL 3TH, 1996 \_\_\_\_\_

FILED  
APR 25 PM 1:27  
TALLAHASSEE, FLORIDA

*Myself house to office*