

P96000038432

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

Office Use Only

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

1. CCP MEDICAL EQUIPMENT AND SUPPLY CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

600001805856
-05/03/96--01053--011
***122.50 ***122.50

☒ Walk in

☒ Pick up time 5:00

☒ 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

TALLAHASSEE, FLORIDA

MAY - 3 PM 1:15

MAY - 3 1996

ARTICLES OF INCORPORATION

FILED
JAN -3 PM 1:14
MALLATTA SUE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7235 CORAL WAY, SUITE 208, MIAMI, FLORIDA 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sonia Noemi Lopez
7235 Coral Way
Suite 208
Miami, Florida 33155

ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sonia Noemi Lopez
7235 Coral Way
Suite 208
Miami, Florida 33155

Fernando Lopez
7235 Coral Way
Suite 208
Miami, Florida 33155

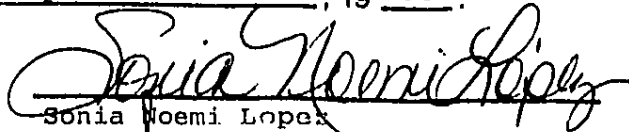
ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Sonia Noemi Lopez - President
Fernando Lopez - Vice President
Sonia Noemi Lopez - Secretary
Fernando Lopez - Treasurer
7235 CORAL WAY
SUITE 208
MIAMI, FLORIDA 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of April, 19 96.


Sonia Noemi Lopez


Fernando Lopez

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 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: C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

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

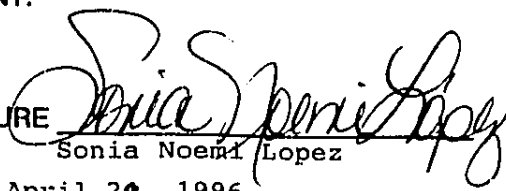
SONIA NOEMI LOPEZ
(NAME)

7235 Coral Way, Suite 208
(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33155
(CITY/STATE/ZIP)

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


Sonia Noemi Lopez

DATE April 28, 1996

P96000038432

9-17-97

H. FERRAZ
Requester's Name
1030 E. 4 AVE.
Address
Ft. Lauderdale FL 33310
City State ZIP Phone

888. 8141A

VALIDATION ONLY

10000229661--7
-09/18/97--01005--026
*****35.00 *****35.00

CORPORATION(S) NAME

C C F Medical Equipment and Supply Corp.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input checked="" type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> Foreign	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

Empire Toll Free: 1-800-432-3028

10/1
Vol.
Diss



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 18, 1997

EMPIRE

MIAMI, FL

SUBJECT: C C P MEDICAL EQUIPMENT AND SUPPLY CORP.
Ref. Number: P96000038432

We have received your document for C C P MEDICAL EQUIPMENT AND SUPPLY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 097A00046425

RECEIVED
97 OCT -1 AM 11:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLE OF DISSOLUTION
OF
C C P MEDICAL EQUIPMENT AND SUPPLY CORP.**

FILED
5 OCT -1 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to 607.1101, Florida Statutes, this Florida profit corporation submits the following article of dissolution:

FIRST

The name of the corporation is: C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

SECOND

The article of the corporation were filed on : MAY 3, 1996

THIRD

The corporation has not commenced business.

FOURTH

No debt of the corporation remains unpaid

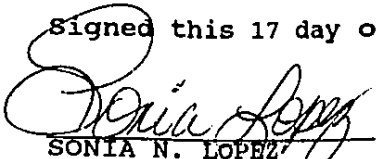
FIFTH

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if share were issued.


SIXTH

A majority of the incorporators authorized the dissolution.

Signed this 17 day of September, 1997


SONIA N. LOPEZ
Incorporator/President

Sword and subscribe before me this 17 day of September, 1997 in the County of Dade State of Florida.


Notary Public State of Florida

My Commission Expire.