

P96000044050

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. TENNESSEE FAMILY COMMUNITY MENTAL HEALTH, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #) 000001836720 -05/23/96--01033--031 \*\*\*122.50 \*\*\*122.50

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

FILED RECEIVED 96 MAY 23 AM 11:44 96 MAY 23 AM 10:48 TALLAHASSEE, FLORIDA DIVISION OF CORPORATION

# ARTICLES OF INCORPORATION

FILED  
26 MAY 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, 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:

TENNESSEE FAMILY COMMUNITY MENTAL HEALTH, INC.

## ARTICLE II PRINCIPAL OFFICE

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

5570 SOUTH WEST 3rd., STREET. MIAMI, FLORIDA 33134

## ARTICLE III SHARES

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

100 (ONE HUNDRED)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PABLO M. PAULA  
5570 SOUTH WEST 3rd., STREET. MIAMI, FLORIDA 33134

ARTICLE V INCORPORATOR(S)

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

PABLO M. PAULA (PRESIDENT) 5570 S.W. 3rd St. Miami, Fl 33134  
VICTORINA PAULA (VICE-PRES.) SAME ADDRESS AS ABOVE.  
MARISELA GENARO (SECRETARY) 3621 S.W. 105th CT. Miami, Fl 33165  
DAVID GENARO (TREASURER) SAME ADDRESS AS ABOVE.


ARTICLE VI DIRECTOR(S)


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


PABLO M. PAULA  
5570 SOUTH WEST 3rd., Street  
MIAMI, FLORIDA 33134


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

    MAY     day of     22    , 19   96  .

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
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: TENNESSEE FAMILY COMMUNITY MENTAL HEALTH, INC.

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

PABLO M. PAULA  
(NAME)

5570 SOUTH WEST 3rd., STREET. MIAMI, FLORIDA 33134  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33134

(CITY/STATE/ZIP)

FILED  
MAY 23 11:44  
TALLAHASSEE, FLORIDA

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



DATE

MAY 22, 1996