

P96000046368

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

TELEPHONE: 904-122-1127
FAX: 904/307-96--01002--002
***122.50 ***122.50

Office Use Only

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

1. FLORIDA MEDICAL DISTRIBUTORS, INC.
(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 State

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
96 MAY 31 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
96 MAY 30 AM 10:47
DIVISION OF CORPORATION

W96-11471



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 30, 1996

LAZARUS COROPRATE INDUSTRIES, INC.
890 SW 87 AVE., STE. 16
MIAMI, FL 33174

SUBJECT: FLORIDA MEDICAL DISTRIBUTORS, INC.
Ref. Number: W96000011471

We have received your document for FLORIDA MEDICAL DISTRIBUTORS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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 (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 696A00027086

RECEIVED
96 MAY 31 PM 3:01
DIVISION OF CORPORATIONS

FILED

ARTICLES OF INCORPORATION
OF

96 MAY 31 PM 3:13

FLORIDA MEDICAL DISTRIBUTORS
(Proper Noun)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: FLORIDA MEDICAL DISTRIBUTORS, INC.

ARTICLE II
DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED (500) shares of ONE DOLLAR (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

8264 NW SOUTH RIVER DRIVE

MEDLEY, FLORIDA 33166

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

NAME: RAUL G. MONTEAGUDO
ADDRESS: 4580 EAST 1st. AVENUE
CITY: HIALEAH STATE: FL Z.C.: 33013
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____

**ARTICLE VIII
INCORPORATORS**

The names and addresses of the incorporators signing these Articles of the incorporation, are as follow:

NAME: RAUL G. MONTEAGUDO	TITLE: President
ADDRESS: 4580 East 1st Avenue	
CITY: Hialeah	STATE: FL Z.C.: 33013
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ Z.C.: _____
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ Z.C.: _____
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ Z.C.: _____
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ Z.C.: _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation, this 29 day of MAY, 19 96.

(1) Raul G. Montequido (Seal) _____ (Seal)
 _____ (Seal) _____ (Seal)
 _____ (Seal) _____ (Seal)

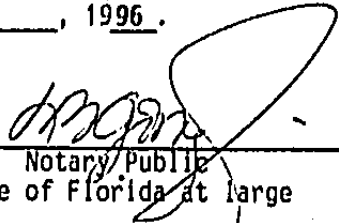
STATE OF FLORIDA }
COUNTY OF DADE }

Before me, a Notary Public authorized to take acknowledgement in the
State and County set for above, personally appeared:

RAUL G. MONTEAGUDO

known to me and known to be the person(s) who executed the foregoing Articles
of Incorporation, and who acknowledged before me that he executed these
Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the
State and County aforesaid, this 29th. day of MAY, 1996.


Notary Public
State of Florida at large

OFFICIAL NOTARY SEAL
L.B. GOMEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC280026
MY COMMISSION EXPI. APR. 14, 1997

CERTIFICATE OF REGISTERED AGENT
OF

FLORIDA MEDICAL DISTRIBUTORS, INC.
(Name of Corporation)

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST; That FLORIDA MEDICAL DISTRIBUTORS, INC. desiring to
(Proper Noun)

organize under the laws of the State of Florida with its principal office,
as indicated in the articles of incorporation at City of MEDLEY
County of DADE State of FLORIDA, has named:

To: RAUL G. MONTEAGUDO

Located at: 4580 East 1st. Avenue

City of: HIALEAH County OF: DADE

State of Florida.

as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

① Raul G. Montegudo
Registered Agent

FILED
96 MAY 31 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA