

P96000083758

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

8000001970430
-10/10/96-01036-007
*****78.75 *****78.75

Office Use Only

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

1. EMMANUEL ADULT DAY CARE; DRUG ABUSE CENTER INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2:00
 Mail out Will wait Photocopy

Certified Copy
 Certificate of Status

SEARCHED
INDEXED
SERIALIZED
FILED
OCT 10 1996
FLORIDA
TALLAHASSEE, FLA.
96 OCT 10 PH 1:47

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

RECEIVED
96 OCT 10 AM 10:43
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

96 OCT 10 PM 1:47
GEORGE W. COOPER
TALLAHASSEE, FLA.

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:

**EMMANUEL ADULT DAY CARE
& DRUG ABUSE CENTER INC.**

ARTICLE II PRINCIPAL OFFICE

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

**219 WASHINGTON AVE.
HOWSTEAD, FL 33030**

ARTICLE III SHARES

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

**100 SHARES AT \$1.00 AT PAR
VALUE.**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Gaillermo DONADIO
10810 SW 84 ST C-6
MIAMI, FL 33173**

ARTICLE V INCORPORATOR(S)

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

Guillermo Douadio
10810 SW 84 ST C-6
MIAMI, FL 33173

ARTICLE VI DIRECTOR(S)

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

Guillermo Douadio / President
Susan Soltero / Secretary
Elio Patino / V. President

10810 SW 84 ST C-6
MIAMI, FL 33173
8820 SW 132 PL
109
MIAMI, FL 33176
8820 SW 132 PL
MIAMI, FL 33176

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

24 day of September, 19 96.

Guillermo Douadio / President.
Signature
Susan Soltero / Secretary
Signature
Elio Patino / VP
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: EMANUEL ADULT
DAY CARE & DRUG REHAB CENTER INC.
2. The name and address of the registered agent and office is:
Guillermo Donadio
(NAME)
10810 SW 84 ST C-6
(P.O. BOX NOT ACCEPTABLE)
MIAAMI, FL 33173
(CITY/STATE/ZIP)

SEARCHED INDEXED
SERIALIZED FILED
S. OCT 10 PM
TALLAHASSEE, FL

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

Guillermo J. M.
9-24-96