

p96000087028

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

FOR FILING ONLY
FEE: \$10.00
TAX: \$12.50

Office Use Only

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

1. GOLDA MEIR PULMONARY REHAB CLINIC CENTER 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 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
96 OCT 22 AM 10:45
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
96 OCT 22 PM 1:31

ARTICLES OF INCORPORATIONFILED
95 OCT 22 PM 1:31
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:

GOLDA MEIR Pulmonary Rehab Clinic Center, Inc

ARTICLE II PRINCIPAL OFFICE

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

*4505 W. Flagler Street Suite 203
Miami FL 33134*

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:

*Frank Arochaw
12238 SW 17 LANE # 104
Miami FL 33175*

ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): (Pres.) Frank Arocha 12238 SW 17 Lane #104, Miami

(Vice Pres.) Rafael Prieto 5600 W 45 Ave Miami

(Secretary) Adrian Fernandez 3075 NW 3 St, Miami

ARTICLE VI DIRECTOR(S)

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

(Pres.) Frank Arocha 12238 SW 17 Lane #104 Miami

(Vice Pres.) Rafael Prieto 5600 W 45 Ave, Miami

(Secretary) Adrian Fernandez 3075 NW 3 St, Miami

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

21 day of Oct, 19 96.

Frank Arocha
Signature
Rafael Prieto
Signature
Adrian Fernandez
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: _____

GOLDA ALBIR Pulmonary Rehab Clinic Center, Inc

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

Frank Arocha
(NAME)

12278 SW 17 LA #104
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33175
(CITY/STATE/ZIP)

FILED
OCT 22 PM 3:31
TAMPA
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

Frank Arocha

DATE

10/24/94