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LAZARUS CORPORATE INDU Requestor's Name	TRIES, INC.	
890 S.W. 87 AVENUE SUITE: 16 Address		20000100000
MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone #		2000019358321 -10/25/9601027025 ****122.50 ****122.50
LOCAL REPRESENTATIVE TALLAHASSEE		Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. <u>SERVICE</u> PLUS (Corporation Name)		
2(Corporation Name) (Document #)		
3.		
(Corporation Name) (Document #)		
(Corporation Name) (Document #)		
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Mail out Will wait Photocopy Certificate of Status		
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OTHER FILINGS	RATION	•
Annual Report	CATION	27 13 43 21 13 43
Fictitious Name Foreign		43
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### ARTICLES OF INCORPORATION

#### ARTICLE I - NAME

The name of this corporation is SERVICE PLUS MEDICAL EQUIPMENT, INC. U.A.

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### ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

### ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

### ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated "Common Shares".

## ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENTS.

The street address of the initial registered office of this corporation is **37 EAST 44 STREET, HIALEAH FLORIDA 33013** and the name of the initial registered agent of this corporation at that address is NORMA BALLART.

## ARTICLE VII- INITIAL BOARD OF DIRECTORS

This corporation shall have 2 Directors constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By Laws. The names and addresses of the initial Board of Directors of this Corporation are:



The name and address of each person signing these Articles is:

### NAME ADDRESS

NORMA BALLART 37 EAST 44 STREET, HIALEAH FLORIDA 33013

## ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

### ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this  $\frac{2Y}{2}$  day of OCTOBER, 1996.

NORMA BALLART

STATE OF FLORIDA )

COUNTY OF DADE )

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared NORMA BALLART known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this  $\frac{2}{2}$  day of October, 1996.

My Commission Expires:

NAME :

NAME: V. M. PONCYCA A-NOTARY PUBLIC, STATE OF FLORIDA COMMISSION NO.:



### CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS OF DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. AND ACCEPTANCE OF AGENT UPON MEON PROCESS MAY BE SERVED

In compliance with Sections 48.091 and 607.034, Florida Statutes, the following is submitted:

FIRST that SERVICE PLUS MEDICAL EQUIPMENT, INC. desiring to organize or qualify under the laws of the State of Florida, with its princ.pal place of business at 37 EAST 44 STREET, HIALEAH FLORIDA 33013, has named NORMA BALLART as its agent to accept service of process within Florida.

10/24/96 Dated:

NORMA BALLART, Incorporator

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

23**2MA BALLART** Registered Agent