

**P96000096305**

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

500002014505--3

-11/26/96--01109--014

\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. MEDINUTRE, 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               |

FILED  
96 NOV 26 PM 1:59  
TALLAHASSEE, FLORIDA

RECEIVED  
96 NOV 26 AM 11:53  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

MEDINUTRE, INC.

FILED

96 NOV 26 PM 1:59

TALLAHASSEE FLORIDA

ARTICLE I- NAME

THE NAME OF THIS CORPORATION IS: MEDINUTRE, INC.

ARTICLE II- DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED IN ACCORDANCE WITH LAWS OF THE STATE OF FLORIDA.

ARTICLE III- PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV- CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE THOUSAND (5,000) SHARES OF \$1.00 (ONE DOLLAR) PER VALUE OF COMMON STOCK WHICH SHALL BE DESIGNATED AS "COMMON SHARES".

ARTICLE V- PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH FOR ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA 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

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:

8428 SW 24 ST. SUITE 342  
MIAMI, FL 33155

ARTICLE VII- INITIAL BOARD OF DIRECTORS


THIS CORPORATION SHALL HAVE 1 DIRECTOR INITIALLY, THE NUMBER OF DIRECTOR MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BYLAWS BUT SHALL NEVER BE LESS THAN ONE. THE NAME AND ADDRESSES OF THE INITIAL DIRECTORS FOR THIS CORPORATION ARE:

ELSA GONZALEZ  
8428 SW 24 ST. SUITE 342  
MIAMI, FL 33155

ARTICLE VIII- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSONS SIGNING THESE ARTICLES  
ARE:

ELSA GONZALEZ  
8428 SW 24. ST SUITE 342  
MIAMI, FL 33155



ELSA GONZALEZ

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

IN PURSUANCE OF CHARTER 48.091 FLORIDA STATUTES, THE FOLLOWING  
IS SUBMITTED, IN COMPLIANCE WITH SAID ACT:

DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH ITS PRINCIPAL OFFICE AT: 8428 SW 24 ST. SUITE 342  
MIAMI, FL 33155

HAS NAMED AGENT: ELSA GONZALEZ

**ACKNOWLEDGEMENT:**

HAVING BEEN NAMED TO ACCEPT SERVICE OF THE PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND  
AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE  
TO KEEPING OPEN SAID OFFICE.



ELSA GONZALEZ  
REGISTERED AGENT

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96 NOV 26 PM 1:59  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA