P96000100141

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

600002026206--3
-12/11/96--01067--027
****122.50 ****122.50

Office Use Only

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

1. COLUMBUS MEDICAL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
96 DEC 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☑ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	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 DEC 11 PM 2:02
DIVISION OF CORPORATION

Examiner's Initials SN	DEC 11 1996

CR2E031(1/95)

ARTICLES OF INCORPORATION

FILED
96 DEC 11 PM 3:09
SECRETARY OF STATE
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:

COLUMBUS MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

8478 SW 8Street , MiaMI, Fl, 33144

ARTICLE III SHARES

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

100 (None Par value)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

8478 sw 8 st, miami, fl 33144

Rafael E. Mendoza

ARTICLE V INCORPORATOR(S)

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

Manuel Felipez Montes Condado Galaxi, Dpto 501 Isla Verde, PR, 00979	Jose M Soler Carr 869 Km 0.5 Bo Palmas, Catano PR, oo962	Rafael E Mendoza 8478 SW 8St Miami, Fl 33144

ARTICLE VI DIRECTOR(S)

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

Manuel Felipez Montes Condado Galaxi, Dpto 501 Isla Verde, PR, 00979	Jose M Soler Carr 869 Km 0.5 Bo Palmas, Catano PR, oo962	Rafael E Mendoza 8478 SW 8St Miami, Fl 33144

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 12/6/96 day of December, 19 96.

Signature

SS 263-78-5122 Manuel Felipez Montes

Signature

SS 580-92-6834 Jose M. Soler

Signature

SS 596-03-2743 Rafael E. Mendoza

ROBERTO J. ALFONSO ABOGADO-NOTARIO JUS, FBI REMEDIUM

Abogado-Notario Number 248

Sworn to and subscribed before me, Roberto J. Alfonso, attorney at law and notary public in the Commonwealth of Puerto Rico, by Jose M. Soler and Manuel Felipez Montes, whom I have identified by their personal knowledge. In San Juan, Puerto Rico this 6th day of December, 1996.

Articles of Incorporation
Filing Fee - $35

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: COLUMBUS MEDICAL INC.

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TALLAHASSEE, FLORIDA

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

8478 SW 8 Street, Miami, Fl, 33144
(NAME)

Rafael E. Mendoza
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl, 33144
(CITY/STATE/ZIP)

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 12/6/96.