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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

401001120150024--S
-12/17/96--01005--022
*****79.00 *****79.00

Office Use Only

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

1. HEALTH CARE CONSULTANT OF SOUTH
(Corporation Name) (Document #)
2. FLORIDA INC.
(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

FILED
96 DEC 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
☒	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 17 AM 11:15
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

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:

HEALTH CARE CONSULTANT OF SOUTH FLORIDA INC.

ARTICLE II _____ PRINCIPAL OFFICE

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

1901 N.W. 17 AVE

MIAMI FLORIDA 33125

ARTICLE III _____ SHARES

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

THE CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED SHARES (500)
OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK WICH SHALL BE DE-
SIGNATE " COMMON SHARES ".

ARTICLE IV _____ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERNESTO MONTANER
PRESIDENT.

1901 N.W. 17 AVE
MIAMI FLORIDA 33125

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V. INCORPORATION(S)

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

ERNESTO MONTANER
PRESIDENT

1901 N.W. 17 AVE
MIAMI FLORIDA 33125

ARTICLE VI DIRECTOR(S)

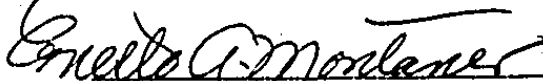
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

ERNESTO MONTANER
PRESIDENT

1901 N.W. 17 AVE
MIAMI FLORIDA 33125

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

6 day of DECEMBER, 1996.



Signature

Signature

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: HEALTH CARE CONSULTANT OF SOUTH
FLORIDA INC.

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

ERNESTO MONTANER

(NAME)

1901 N.W. 17 AVE

(P.O. BOX NOT ACCEPTABLE)

MIAMI FLORIDA 33125

(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