

P970000 14178

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

500002081315--5

-02/07/97-01043--009

\*\*\*\*\*79.00 \*\*\*\*\*79.00

Office Use Only

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

1. FLAGLER COMMUNITY ~~MENTAL~~ HEALTH  
(Corporation Name) (Document #)

2. CENTER CORP.  
(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  
97 FEB -7 AM 10:57  
DIVISION OF CORPORATION

W97-3196



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

February 7, 1997

**LAZARUS CORPORATE INDUSTRIES, INC.**  
890 SW 87 AVE., STE. 16  
MIAMI, FL 33174

**SUBJECT: FLAGLER COMMUNITY MENTAL HEALTH CENTER CORP.**  
Ref. Number: W97000003196

We have received your document for **FLAGLER COMMUNITY MENTAL HEALTH CENTER CORP.** and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng  
Document Specialist

Letter Number: 797A00006724

RECEIVED  
97 FEB 13 AM 11:25  
DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

FILED  
FEB 13 AM 11:42  
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:

FLAGLER COMMUNITY HEALTH CENTER CORP.

## ARTICLE II PRINCIPAL OFFICE

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

1340 WEST FLAGLER STREET  
MIAMI FLORIDA 33135

## 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 DESIGNATE " COMMON SHARES ".

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IGOR MARTINEZ  
1340 WEST FLAGLER STREET  
MIAMI FLORIDA 33135

ARTICLE V INCORPORATOR(S)

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

IGOR MARTINEZ  
1340 WEST FLAGLER STREET  
MIAMI FLORIDA 33135

ARTICLE VI DIRECTOR(S)

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

IGOR MARTINEZ  
1340 WEST FLAGLER STREET  
MIAMI FLORIDA 33135

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

4 day of FEBRUARY, 19 97.



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: \_\_\_\_\_

FLAGLER COMMUNITY HEALTH CENTER CORP. . . .

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

IGOR MARTINEZ

\_\_\_\_\_  
(NAME)

1340 WEST FLAGLER STREET

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

MIAMI FLORIDA 33135

\_\_\_\_\_  
(CITY/STATE/ZIP)

FILED  
FEB 13 AM 11:42  
STATE OF FLORIDA  
TALLAHASSEE

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 \_\_\_\_\_

*I Martinez*

DATE FEBRUARY 4, 1997