

P97000015447

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

700002090897--9
-02/18/97--01106--014
****121.50 ****121.50
700002090897--9
-02/18/97--01106--015
Office Use Only *****1.00

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

1. ALL-PRO MEDICAL DISTRIBUTORS INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ 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
97 FEB 18 PM 2:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

97 FEB 19 PM 12:13
CLERK OF CORPORATION

Pmc
2-18-97

ARTICLES OF INCORPORATION

FILED

97 FEB 18 PM 2:05

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:

ALL-PRO MEDICAL DISTRIBUTORS INC.

ARTICLE II PRINCIPAL OFFICE

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

4485 NW 36th street Suite 101-102.
MIAMI SPRINGS, FL 33166.

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sergio Niebla
8110 SW 28th
MIAMI FL 33164

ARTICLE V INCORPORATOR(S)

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

Sergio Diebla.
8110 SW 28T
MIAMI FL 33164.

ARTICLE VI DIRECTOR(S)

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

Sergio Diebla
8110 SW 28T
MIAMI FL 33164

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

2 day of 13, 1997.

Sergio Diebla
Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED

97 FEB 18 PM 2:05

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: ALL-PRO MEDICAL
DISTRIBUTORS INC.

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

SERGIO NIEBLA
(NAME)

8110 SW 2 ST.
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33164
(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

Sergi Niebla

DATE

2-13-97