

# P970000 15466

· 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

800002090878--8  
-02/18/97--01103--022  
\*\*\*\*122.50 \*\*\*\*122.50  
Office Use Only

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

1. UNIVERSAL'S HOME CARE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**FILED**  
 97 FEB 18 PM 2:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in    
  Pick up time 2:00    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<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

97 FEB 19 PM 12:14  
 SECRETARY OF CORPORATION

*Dmc*  
*2-18-97*

Examiner's Initials	
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**ARTICLES OF INCORPORATION**

**FILED**

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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:

UNIVERSAL'S HOME CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

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

19274 N.W. 56 PL. MIAMI, FL - 33055

**ARTICLE III SHARES**

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE  
PER SHARE.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ALBERTO RODRIGUEZ

19274 N.W. 56 PL.  
MIAMI, FL - 33055

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

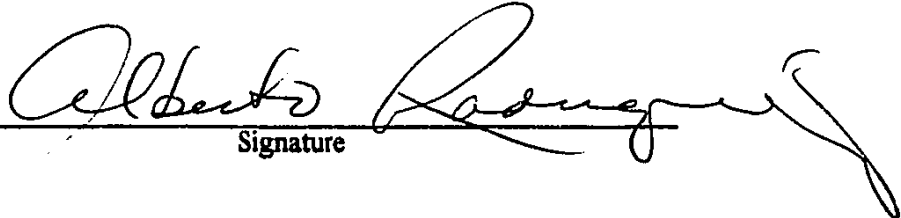
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALBERTO RODRIGUEZ

19274 N.W. 56 PL.  
MIAMI, FL - 33055

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

14 day of FEBRUARY, 19 97.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

**FILED**

97 FEB 18 PH 2:12

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: UNIVERSAL'S HOME CARE INC.

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

ALBERTO RODRIGUEZ

(NAME)

19274 N.W. 56 PL.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL - 33055

(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)

FEBRUARY 14, 1997

(DATE)