

P97000017642

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

400002097384--4

-02/25/97--01134--019

****122.50 ****122.50

Office Use Only

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

1. WEST MEDICAL & ASSOCIATES INC.
(Corporation Name) (Document #)

2. _____
(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

ARTICLES OF INCORPORATION

OF

WEST MEDICAL & ASSOCIATES, INC.

FILED
97 FEB 25 PM 2:06
TALLAHASSEE FLORIDA

THE UNDERSIGNED, HAS EXECUTED THE FOLLOWING DOCUMENT AS INCORPORATOR OF THE ABOVE NAMED CORPORATION, A CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, AND ALL RIGHTS, DUTIES AND OBLIGATIONS OF THE UNDERSIGNED AS INCORPORATOR, AND THOSE OF THE CORPORATION, ARE TO BE DETERMINED IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THIS CORPORATION SHALL BE WEST MEDICAL & ASSOCIATES, INC.

ARTICLE II

THIS NAME OF THIS CORPORATION SHALL COMMENCE EXISTENCE UPON THE FILING OF THESE ARTICLES OF INCORPORATION BY THE DEPARTMENT OF STATE, STATE OF FLORIDA, AND SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE III

THE GENERAL NATURE OF THE BUSINESS AND OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY AND ALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS MIGHT DO, VIZ:

- 1.- TRANSACT ANY AND ALL LAWFUL BUSINESS.
- 2.- SAID CORPORATION SHALL FURTHER HAVE POWERS: TO HAVE PERPETUAL SUCCESSION BY ITS CORPORATE NAME.

ARTICLE IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE IS THE TOTAL SUM OF 100 SHARES HAVING A INDIVIDUAL PAR VALUE OF 1,000.-

UNLESS OTHERWISE STARTED IN THESE ARTICLES, OR IN AN AMENDMENT TO THESE ARTICLES, THERE SHALL BE ONLY ONE (1) CLASS OF STOCK OF THIS CORPORATION.

ARTICLE V


THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE AND THE NAME OF THE INITIAL RESIDENT AGENTS OF THIS CORPORATION SHALL BE MR. MANUEL JAVIER PEREZ, 3935 N.W. 26 ST. MIAMI, FLORIDA, 33142.

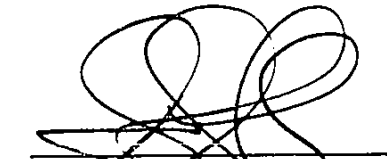
ARTICLE VI

THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF A TOTAL TWO (2) PERSONS, AND THE NAME AND ADDRESS OF THE PERSONS WHO IS TO SERVE AS INITIAL DIRECTOR IS MR. MANUEL JAVIER PEREZ, PRESIDENT, MR. JOSE IGNACIO GONZALEZ, VICE-PRESIDENT SECRETARY.

THE NAME AND ADDRESS OF THE INCORPORATOR EXECUTING THESE ARTICLES OF INCORPORATION IS MR. MANUEL JAVIER PEREZ, 3935 NW 26 ST. MIAMI, FL. 33142.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS (VE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 23 DAY OF FEBRUARY, 1997.


MR. MANUEL JAVIER PEREZ
President


MR. JOSE IGNACIO GONZALEZ
Secretary.

STATE OF FLORIDA)

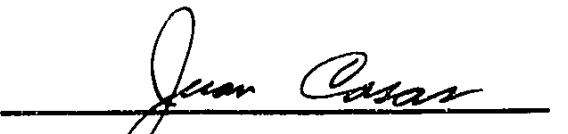
) SS.

COUNTY OF DADE)

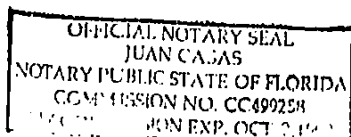
BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED MR. MANUEL JAVIER PEREZ AND MR. JOSE IGNACIO GONZALEZ, KNOWN TO ME AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AFFIXED MY OFFICIAL SEAL

IN THE STATE AND COUNTY AFORESAID, THIS 23 DAY OF FEBRUARY, 1997.


NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



FILED
97 FEB 25 PM 3:06
STATE OF FLORIDA

**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: WEST MEDICAL & ASSOCIATES, INC.
- 2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MR. MANUEL JAVIER PEREZ
3935 NW 26th. ST
MIAMI, FLORIDA 33142

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

Manuel Javier Perez

DATE

02/23/97