

P97000034423

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

500002144755--7
-04/16/97--01035--027
*****78.75 *****78.75

Office Use Only

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

1. EXCLUSIVE MEDICAL CENTER, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
97 APR 16 PM 4 29
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

RECEIVED
97 APR 16 AM 10:54
DIVISION OF CORPORATION

K.R. APR 16 1997

TRANSMITTAL LETTER

FILED
97 APR 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Exclusive Medical Center, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Luis Medina
Name (printed or typed)
275 Fontainebleau Blvd. #160
Address
Miami, Florida 33172
City, State & Zip
(305) 221-1200
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
EXCLUSIVE MEDICAL CENTER, INC

FILED
97 APR 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to the Articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is EXCLUSIVE MEDICAL CENTER, INC.

ARTICLE II - NATURE OF BUSINESS

The corporation may engage in any and all lawful activities permitted under the laws of the State of Florida.

ARTICLE III - CAPITAL STOCK

The aggregate number of shares that this corporation is authorized to have outstanding at any one time is 100 shares of Common Stock at no par value.

ARTICLE IV - TERMS OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V - ADDRESS

The initial address for the corporation is 8943 Hawthorne Avenue; Surfside, Florida 33154.

ARTICLE VI - DIRECTORS

The corporation shall have one (1) Director initially. The number of Directors may be increased or decreased as prescribed by the By-Laws adopted by the Stockholders.

ARTICLE VII - INITIAL DIRECTORS

The name and address of the members of the first Board of Directors who shall hold office until their successors are elected and qualified is as follow:

Gloria M. Hernandez

8943 Hawthorne Avenue
Surfside, Florida 33154

ARTICLE VIII - SUBSCRIBERS

The name and post office address of each subscriber to these Articles Of Incorporation is (are):

Gloria M. Hernandez

8943 Hawthorne Avenue
Surfside, Florida 33154

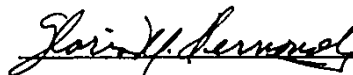
IN WITNESS WHEREOF the undersigned subscriber(s) has (have)
executed these Articles Of Incorporation this 14 day of
April, 1997.


Gloria M. Hernandez

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING PERSON UPON WHOM
PROCESS MAY BE SERVED.

Pursuant to Chapter 607.034 of Florida Statutes, the following is
submitted in compliance with said Act:

EXCLUSIVE MEDICAL CENTER, INC. desiring to organize under the
laws of the State of Florida, has named Gloria M. Hernandez,
whose address is 8943 Hawthorne Avenue; Surside, Florida 33154,
as Registered Agent to accept service of process within the
State.



Gloria M. Hernandez

ACKNOWLEDGEMENT:

Having been named as Registered Agent and to accept service of
process for the above named corporation at the place designated
in this certificate, I hereby accept the appointment 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14
day of April, 1997, at Miami, Dade County, Florida.



Gloria M. Hernandez
Registered Agent

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STATE
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