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

FILED 97 MAY 16 PN 3:21

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Office Use Only

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

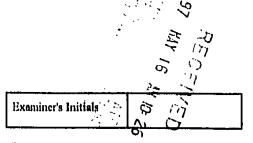
THE GOO	DEN VEARS MENTAL HEALTH COR
Согро	ration Name) (Document #)
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2d Walk in ▶	Pick up time Certified Copy Will wait Photocopy Certificate of Status
Mail out	Will wait Photocopy Certificate of Status
W FILINGS ##	AMENDMENTS
it	Amendment
Profit	Resignation of R.A., Officer/ Director
ited Lighility	Change of Registered Agent

H NE	W FILINGS	AMENDMENTS CONTRACTOR
Pro	ofit	Amendment
No	nProfit	Resignation of R.A., Officer/ Director
Lin	nited Liability	Change of Registered Agent
Do	mestication	Dissolution/Withdrawal
Ot	ner	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
 Reinstatement
 Trademark
Other

K.M. MAY 1 6 1997



ARTICLES OF INCORPORATION

of

•	of	FILE
THE COIDEN VENDS MENTAL	1173 7 MH . O	97 KAV LED
(n)	ame of corporation)	SECON 16 PM 3: 2
THE GOLDEN YEARS MENTAL (n The undersigned acting as the incorporators of a c the following articles of incorporation for such corporation	orporation under the Florida B	usiness Corpotation Act, adopt(s)
ARTICL	E I - CORPORATE NAME	
The name of the corporation is:		
THE GOLDEN YEARS MENTAL HEALT	H Corp.	
AR7	TICLE II - DURATION	
This corporation shall exist perpetually unless dis	solved according to Florida lav	v.
AR	TICLE III - PURPOSE	
The corporation is organized for the purpose of el United States and the State of Florida.	ngaging in any activities or bus	iness permitted under the laws of the
	CLE IV - CAPITAL STOCK	
The corporation is authorized to issue500	_shares of common stock, par	value \$ 1.00 per share.
ARTICLE V The street address of the initial principal office at	- INITIAL PRINCIPAL OFFIC nd, if different, the mailing add	
STREET ADDRESS		
9240 Sunset Dr. Suite # 2	243	
CITY Miami	FLORIDA	ZIP 33173
Mailing address, if different		
STREET ADDRESS		
		 ,
CITY	FLORIDA	ZIP
ARTICLE VI - INITIA	AL REGISTERED OFFICE A	ND AGENT
The street address of the initial registered of	fice and the name of the init	ial registered agent at the office is:
NAME ELENA GONZALEZ		

Miami

ADDRESS

CITY

FLORIDA

9240 Sunset Drive Suite 243

33173

ZIP

idresses of th	oration shall have <u>Two</u> (d or diminished from time to time by the B initial director(s) of the corporation are as	y-Laws, but shall never be less tha	n one (1). The names and
NAME	ARMANDO FRANCISCO		
ADDRESS	15835 SW 85 St		
CITY	Miami	STATE	ZIP 3319:
NAME	ELENA GONZALEZ		
ADDRESS	8463 SW 158 P1		
CITY	Miami	STATE	ZIP 33193
NAME			
ADDRESS			
CITY		STATE	ZIP
ADDRESS	15835 SW 85 St		
	15835 SW 85 St		
C.	Miami	STATE	ZIP 33193
NAME	Elena Gonzalez	<u> </u>	
	DICHE OUTBILEZ		
ADDRESS	8463 SW 158 St	OTTA TETT	
CITY		STATE	ZIP 33193
ADDRESS CITY NAME	8463 SW 158 St	STATE	ZIP 33193
ADDRESS CITY NAME ADDRESS	8463 SW 158 St		
ADDRESS CITY NAME ADDRESS CITY	8463 SW 158 St Miami	STATE	ZIP
ADDRESS CITY NAME ADDRESS CITY	8463 SW 158 St Miami gned incorporator(s) have executed thes	STATE	ZIP

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

THE PASSES

THE GOLDEN YEARS MENTAL HEALTH Corp.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 9240 Sunse Dr, Suite 243

Miami Florida 33173

has named <u>Elena Gonzalez</u>

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

5-12-97

(Data)

Elina Francis