

P97000046188

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

700002190097--5

-05/23/97--01095--005

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. ARY'S HOME CARE

(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

MAY 23

Examiner's Initials

**CERTIFICATE OF INCORPORATION  
OF**

**ARY'S HOME CARE, Inc.**

**We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the information, rights, privileges, immunities and liabilities of incorporation for profit.**

**ARTICLE I**

**The name of the corporation should be:**

**ARY'S HOME CARE, Inc.**

**ARTICLE II**

**The corporation will engage in any activity of business permitted under the laws of the State of Florida and the United States of America.**

**ARTICLE III**

**The corporation is authorized to issue and have outstanding and aggregate number of FIVE HUNDRED (500) shares of one class of common stock, having a par-value of ONE (\$1.00) DOLLAR per share.**

**This consideration to be paid for each share of stock shall be fixed by the Board of Directors.**

FILED  
97 MAY 23 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### **ARTICLE IV**

**All shareholders of the corporation shall be vested with full preemptive rights.**

#### **ARTICLE V**

**The Name and Address of the Registered agent in the STATE OF FLORIDA is:**

**ARIANNE ALVAREZ**

**2120 NW 13 ST  
Miami FL 33125**

**The PRINCIPAL OFFICE is:**

**2120 NW 13 ST  
Miami FL 33125**

**Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of the Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.**

  
\_\_\_\_\_  
**ARIANNE ALVAREZ**

## **ARTICLE VI**

**The number of Directors constituting the initial Board of Directors of the corporation is one, the number of Directors may be increased or decreased from time to time By the Laws but shall never be less than one.**

## **ARTICLE VII**

**The name and addresses of the members of the Initial Board of Directors are:**

<b>NAME:</b>	<b>ADDRESS:</b>
<b>Arianne Alvarez (President)</b>	<b>2120 NW 13 ST</b>
<b>500 Shares \$1.00 \$500.00</b>	<b>Miami FL 33125</b>
<b>Virginia Mendoza (Vice-President)</b>	<b>765 NW 36 Ave</b>
	<b>Miami FL 33125</b>

## ARTICLE VIII

The name and addresses of the Incorporators executing these  
Articles of Incorporation are:

NAME:

ADDRESS:

Arianne Alvarez (President)      2120 NW 13 ST Miami Fl 33125

Signature:



Virginia Mendoza (Vice Pres.)      765 NW 36 Ave Miami Fl 33125

Signature:

