

P97000053404

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 JUN 17 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. MORFFI DENTAL INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ 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

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-06/16/97--01039--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 JUN 16 AM 11:15  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

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97 JUN 17 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 16, 1997

LAZARUS CORPORATE INDUSTRIES, INC.  
890 SW 87 AVE  
SUITE 16  
MIAMI, FL 33174

SUBJECT: MORFFI DENTAL INC.  
Ref. Number: W97000014051

We have received your document for MORFFI DENTAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The registered agent designated must be an active Florida corporation or limited liability company or a foreign corporation or limited liability company authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 997A00032174

RECEIVED  
97 JUN 17 AM 11:06  
DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT. HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

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97 JUN 17 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MORFFI DENTAL INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

8970 GRAND CANAL DR.

MIAMI FL. 33174

## ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

## ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.

1000 SHARES OF ONE DOLLAR ( \$ 1.00 ) PAR VALUE COMMON STOCK.

## ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

## ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTORS IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION(S) EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS(ARE):

JUAN MORFFI                      PRESIDENT  
IVONNE MORFFI                VICE PRESIDENT

8970 GRAND CANAL DR.

MIAMI FLA. 33174

## ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLE OF INCORPORATION IS (ARE)

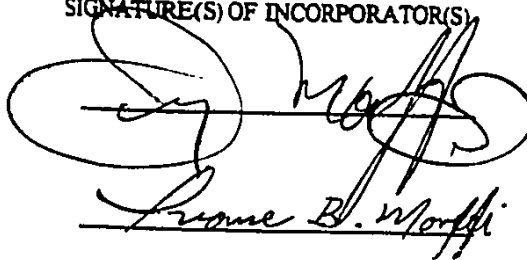
JUAN MORFFI

8970 GRAND CANAL DR.

MIAMI FLA 33174

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)  
EXECUTED THESE ARTICLES OF INCORPORATION THIS 13 DAY OF JUNE 1997

SIGNATURE(S) OF INCORPORATOR(S)



*Juan Morffi*

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO PROVISIONS OF SECTION 607.325 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:

MORFII DENTAL INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

HECTOR VAZQUEZ

6020 SW 147 COURT. MIAMI FLA 33193 PHONE: 383-7288

(P.O. BOX NOT ACCEPTABLE)

SIGNATURE

CORPORATE OFFICER

TITLE

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS 607.325 FLORIDA STATUTES.

SIGNATURE

REGISTERED AGENT  
HECTOR VAZQUEZ

DATE

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97 JUN 17 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA