

**LAZARUS CORPORATE INDUSTRIES, INC.**  
 8900 S.W. 87th Avenue, Suite 16  
 Miami, Florida 33174 (305) 552-5973  
 City/State/Zip Phone #

**71306**

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. VILLA FLORES HOME CARE INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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 08/18/97--01039--012  
 \*\*\*\*122.50 \*\*\*\*122.50

- ☒ 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

FILED  
 97 AUG 18 PM 12:24  
 TALLAHASSEE  
 FLORIDA

97 AUG 18 AM 10:53  
 DIVISION OF CORPORATION

*8/18*

Examiner's Initials	
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

VILLA FLORES HOME CARE INC.

FILED  
97 AUG 18 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

801 WEST 49 STREET, STE. 202, HIALEAH, FLORIDA, 33012

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ISABEL GUERRA

801 WEST 49 STREET, STE 202  
HIALEAH, FLORIDA, 33012.-

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ISABEL GUERRA

801 WEST 49 STREET, STE. 202  
HIALEAH, FLORIDA, 33012.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of August, 19 97.

 President,  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: VILLA FLORES HOME CARE INC.
2. The name and address of the registered agent and office is:

ISABEL GUERRA

(NAME)

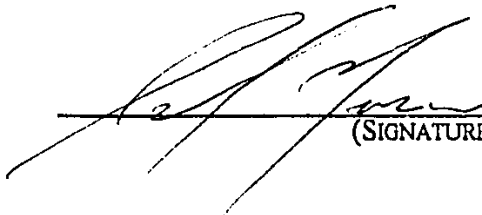
801 WEST 49 STREET, STE.# 202

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HIALEAH, FLORIDA, 33012

(CITY/STATE/ZIP)

*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.*

 President,  
(SIGNATURE)

August 15, 1997  
(DATE)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
97 AUG 18 PM 12:24  
FILED