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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 AUG 19 PH 2:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Office Use Only

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

1. DADE COUNSELING ASSOCIATES, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #) 100002271191--4  
 -08/19/97--01054--007  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk in     Pick up time 9:00     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 AUG 19 AM 11:04  
 DIVISION OF CORPORATION

R.R. AUG 19 1997

Examiner's Initials	
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**ARTICLES OF INCORPORATION**FILED  
97 AUG 19 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Dade Counseling Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

495 Biltmore Way  
Suite 304  
Coral Gables, FL 33134

**ARTICLE III SHARES**

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

100 Shares at \$1.00 par value.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Patricia Cardoso  
495 Biltmore Way  
Suite 304  
Coral Gables, FL 33134

**ARTICLE V INCORPORATOR(S)**

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

Patricia Cardoso  
8701 SW 43 Terrace  
Miami, FL 33165

Odalis Medina  
4395 West 12 Lane  
Apt. A  
Hialeah, FL 33012

**ARTICLE VI DIRECTOR(S)**

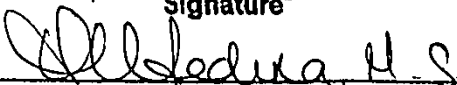
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Patricia Cardoso  
8701 SW 43 Terrace  
Miami, FL 33165

Odalis Medina  
4395 West 12 Lane  
Apt. A.  
Hialeah, FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18<sup>th</sup> day of August, 1997.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Dade Counseling Associates

2. The name and address of the registered agent and office is:

Patricia Cardoso

(NAME)

495 Biltmore Way Suite 304

(P.O. BOX NOT ACCEPTABLE)

Coral Gables, FL 33134

(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.

SIGNATURE Patricia Cardoso

DATE 8/18/07

REGISTERED AGENT FILING FEE: \$35.00

FILED  
97 AUG 19 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA