

P99000075362

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

Office Use Only

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

1. THE HOPE HEALTH CENTER, inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 900002281129--4
(Corporation Name) (Document #) 98/24/97-01971-021
****122.50 ****122.50

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

97 AUG 29 PM 2:26

97 AUG 29 PM 1:00

ARTICLES OF INCORPORATION

FILED

97 AUG 29 PM 2:26

CLERK OF DISTRICT COURT
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:

THE HOPE HEALTH CENTER, *INC.*

ARTICLE II PRINCIPAL OFFICE

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

7171 CORAL WAY, SUITE 505
MAIMI, FL 33155

ARTICLE III SHARES

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

THE MAXIMUM NUMBER OF SHARES OF CAPITAL THAT THIS CORPORATION IS AUTHORIZED TO HAVE ISSUED AND OUTSTANDING AT ANY ONE TIME IS 500 SHARES OF COMMON STOCK, EACH SHARE HAVING A PAR VALUE OF ONE DOLLAR. AUTHORIZED CAPITAL STOCK MAY BE PAID FOR IN CASH, PROPERTY, LABOR AND/OR SERVICES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARMEN CACERES
7171 CORAL WAY, SUITE 505
MIAMI, FL 33155

ARTICLE V INCORPORATOR(S)

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

RADAMES CABRERA
20111 NW 84 AVE
MIAMI GARDEN, FL 33015

CARMEN CACERES
11013 S.W. 88 ST. G-204
MIAMI, FL 33176


ARTICLE VI DIRECTOR(S)


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

CARMEN CACERES
11013 SW 88 ST G-204
MIAMI, FL 33176

RADAMES CABRERA
20111 NWN 84 AVE.
MIAMI GARDEN, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 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: THE HOPE HEALTH CENTER, INC

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

CARMEN CACERES

(NAME)

7171 CORAL WAY, SUITE 505

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33155

(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

DATE

REGISTERED AGENT FILING FEE: \$35.00