

797000077124

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 SEP -5 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. EUGENIO A. MORA, D.M.D., P.A.
(Corporation Name) (Document #)

EFFECTIVE DATE
9.4.97

2. _____ 000002285809--7
(Corporation Name) (Document #) 09/05/97--01074--014
*****78.75 *****78.75

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 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|

Date:

ARTICLES OF INCORPORATION

OF

EUGENIO A. MORA, D.M.D., P.A.

a Florida corporation for profit

RECEIVED
22-97

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TALLAHASSEE, FLORIDA

PURSUANT TO the Florida General Corporation Act, the undersigned, being the incorporator or incorporators with respect to these Articles of Incorporation, state as follows:

1. NAME: The name of this corporation is:

EUGENIO A. MORA, D.M.D., P.A.
Office location-936 S.W. 82Nd Ave Miami, Fla 33144

2. COMMENCEMENT OF CORPORATE EXISTENCE: In accordance with F.S. 607.167, the date of corporate existence of this corporation shall be the date of subscription and acknowledgment of these Articles of Incorporation provided these Articles of Incorporation are filed by the Department of State within five (5) days, exclusive of legal holidays, after such date. Otherwise, the date of corporate existence shall be upon the filing of these Articles of Incorporation by the Department of State.

3. DURATION: This corporation is to have perpetual existence.

4. PURPOSE: The specific nature of business is the practice of Dentistry.

5. CAPITAL STOCK: The aggregate number of shares which this corporation shall have the authority to issue shall be five (500) hundred shares One Dollar (\$1.00) par value common stock.

6. INITIAL REGISTERED OFFICE AND AGENT: The street address of the initial registered office of this corporation is:

936 S.W. 82Nd Ave
Miami, Fla 33144

The name of the initial registered agent of this corporation at the address of the initial registered office is:

Eugenio A. Mora
936 S.W. 82Nd Ave
Miami, Fla 33144

7. INITIAL BOARD OF DIRECTORS: This corporation shall have not less than one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws.

The name or names and address or addresses of the initial director or directors of the corporation is:

| <u>NAME</u> | <u>ADDRESS</u> |
|--|-----------------------------------|
| Eugenio A. Mora (president) & Secretary | 7045 S.W. 161 Pl Miami, Fla 33193 |

8. INCORPORATOR: The name and address of the person or persons signing these Articles is:

| <u>NAME</u> | <u>ADDRESS</u> |
|-----------------|-----------------------------------|
| Eugenio A. Mora | 7045 S.W. 161 P1 Miami, Fla 33193 |

9. INDEMNIFICATION: The corporation shall indemnify any officer or director, to the fullest extent permitted by law.

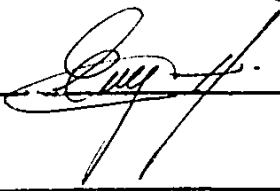
10. BY-LAWS: The power to adopt, alter, amend or repeal By-Laws shall be vested in the shareholders and any By-law made by the shareholders shall not be altered, amended or repealed by the board of directors.

11. AMENDMENT: This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment hereto, and any right conferred upon the shareholder is subject to this reservation.

12. REMOVAL OF DIRECTORS: The shareholders of this corporation shall not be entitled to remove any director from office during his term except for cause.

13. POWERS: This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4 day of September, 1997.

 _____ (SEAL) _____ (SEAL)
 _____ (SEAL) _____ (SEAL)

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 TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this 4 day of September, 1997, before me a Notary Public, duly authorized to take acknowledgments, personally appeared and
Eugenio A. Mora

_____, to me known to be the persons described as subscribers in, and who executed the foregoing Articles of Incorporation, and severally acknowledged the Articles to be the free and voluntary act of them, each for himself and not for the other, and that the facts therein stated are truly set forth.

My commission expires: _____

 Notary Public, State of Florida at large

OFFICIAL NOTARY SEAL
 LADISLAO VIGO
 NOTARY PUBLIC STATE OF FLORIDA
 COMMISSION NO. CC328718
 MY COMMISSION EXP. DEC. 5, 1997

HAVING BEEN NAMED REGISTERED AGENT FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, 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 AS SUCH.

SIGNATURE 