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77000078891  
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 11 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. FALLS CHIROPRACTIC CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 200002290462--5  
(Corporation Name) (Document #) 09/11/97-01073-014  
\*\*\*\*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

RECEIVED  
97 SEP 11 AM 11:31  
DIVISION OF CORPORATION

FILED  
37 SEP 11 PM 3:20  
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TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

OF

FALLS CHIROPRACTIC CORP.

The undersigned incorporator to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation is Falls Chiropractic Corp.

ARTICLE II

GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V

TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI

##### ADDRESS

The initial mailing address of the principal office of this corporation in the State of Florida is 13813 S. Dixie Highway Miami, Fl. The Board of Directors may from time to time move the principal office to another address in Florida.

#### ARTICLE VII

##### DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the Stockholders, but shall never be less than one.

#### ARTICLE VIII

##### INCORPORATOR

The name and mailing address of the incorporator of these articles of incorporation is Arazoza, Comas, de Torres, Fernandez-Fraga, P.A., 101 Madeira Ave., Coral Gables, FL 33134.

#### ARTICLE IX

##### AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

#### ARTICLE X

##### REGISTERED OFFICE AND REGISTERED AGENT

Falls Chiropractic Corp. desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the County of Dade, State of Florida, hereby designates Arazoza, Comas, de Torres & Fernandez-Fraga, P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 101 Madeira Ave., Coral Gables, FL 33134.



WITNESS the hand and seal of the incorporator in Dade  
County, State of Florida, this 5th day of September, 1997.

Carlos F. Arazoza as Managing  
Director of Arazoza, Comas, de Torres,  
Fernandez-Fraga, P.A.

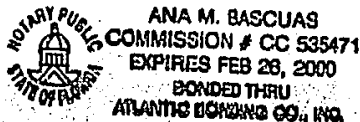
STATE OF FLORIDA )  
                              ) SS:  
COUNTY OF DADE    )

PERSONALLY appeared before me, Carlos F. Arazoza as Managing  
Director of Arazoza, Comas, de Torres, Fernandez-Fraga, P.A., to me  
well known to be the incorporator to the foregoing Articles of  
Falls Chiropractic Corp. who being by me first duly sworn,  
acknowledges that he signed the same for the purposes therein  
expressed.

WITNESS my hand and seal at Coral Gables, Dade County,  
Florida this 5th day of September, 1997.

ANA M. BASCUAS  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission expires:



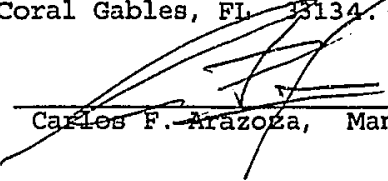
CERTIFICATE OF DESIGNATION

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.

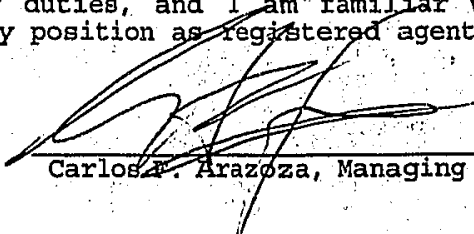
1. The name of the corporation is Falls Chiropractic Corp.
2. The name and address of the registered agent and office is:

Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.  
101 Madeira Ave., Coral Gables, FL 33134.

  
\_\_\_\_\_  
Carlos F. Arazoza, Managing Director

Date: 9/5/97

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.

  
\_\_\_\_\_  
Carlos F. Arazoza, Managing Director

Date: 9/5/97

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA