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LAZARUS CORPORATE INDUSTRIES, INC.

Registrant'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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. VIVERA'S REHABILITATION CENTER INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 100002303441--5
(Corporation Name) (Document #) 09/25/97 01074-017
****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

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W. R. R. 30 SEP 25 1997

Examiner's Initials

ARTICLES OF INCORPORATION
OF

VIVEKA'S REHABILITATION CENTER INC.

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

ARTICLE I NAME

The name of the corporation shall be: VIVEKA'S REHABILITATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

2935 CORAL WAY
MIAMI, FLORIDA

ARTICLE III CAPITAL STOCK

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

6,000 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ELSA GONZALEZ
2184 N.W. 4 TORALCE
MIAMI, FL 33125

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PRESIDENT -
VICE PRESIDENT -
SECRETARY/TREASURER -

ARTICLE V - INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation are:

ELSA GONZALEZ - 2784 N.W. 4 TORRANCE, MIAMI, FL 33125
ANGEL RIANO - 2164 N.W. 24 STREET, MIAMI, FL 33142
LAZARA SANCHEZ - 2924 S.W. 26 STREET, MIAMI, FL 33133

The undersigned have executed these Articles of Incorporation this 24 day of
SEPTEMBER, 1997.

Signature/Title

Elsa Gonzalez
ELSA GONZALEZ - PRESIDENT

Signature/Title

Angel Riano
ANGEL RIANO - VICE PRESIDENT

Lazara Sanchez
LAZARA SANCHEZ - SEC. TREASURER

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: *VIVEKA'S REHABILITATION CENTER INC.*

2. The name and address of the registered agent and office is: *ELSA GONZALEZ*
2784 N.W. 4 TORRACE
MIAMI, FLORIDA 33125

Signature: *x* *Elsa Gonzalez*

Title: *PRESIDENT*

Date: *SEPTEMBER 24, 1997*

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: *x* *Elsa Gonzalez*

DATE: *SEPTEMBER 24, 1997*

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