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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 SEP 25 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. TROPICAL COMMUNITY CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 200002302102--3

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***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 24 AM 11:24
DIVISION OF CORPORATION

K. Rolfe SEP 26 1997

W97-21955
K. Rolfe SEP 24 1997

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 24, 1997

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVE4
SUITE 16
MIAMI, FL 33174

SUBJECT: TROPICAL COMMUNITY CENTER, INC.
Ref. Number: W97000021955

We have received your document for TROPICAL COMMUNITY CENTER, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 487-6059 for information) or designate another entity that is active according to our records.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 997A00047334

97 SEP 25 PM 3:34
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
TROPICAL COMMUNITY CENTER, INC.

FILED
97 SEP 25 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby petition for the formation of a corporation under the laws of the State of Florida, with and under the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be

TROPICAL COMMUNITY CENTER, INC.

ARTICLE II

The general nature of the business to be transacted shall be the provisions of outpatient physical therapy and comprehensive outpatient rehabilitation treatment and to otherwise engage in any activity or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE III

The capital stock of this corporation shall consist of 100 shares of common stock of \$1.00 per value each, all or part of said stock to be issued from time to time as may be determined by the Board of Directors. On dissolution or liquidation of the corporation, the holders of the stock shall be entitled to distribution ratable as their holdings may appear upon the stock record of the corporation.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The business and property of this corporation shall be managed by a Board of Directors consisting of one (1) or more members, as may be required by the By-laws.

ARTICLE VI

The name and post office addresses of the First Board of Directors of this corporation, who, subject to the provisions of these Articles of Incorporation, the By-laws of this corporation, and the laws of the State of Florida, shall hold office for the first year of this corporation's existence or until their successors are elected and have qualified, are as follows:

NILDA C. MACHADO
19354 S.W. 106th Avenue
Miami, Florida 33157

ARTICLE VII

The Registered Agent for the purpose of complying with Florida law shall be
NILDA C. MACHADO and the registered post office
address of this corporation shall be 19354 S.W. 106th Avenue, Miami, Florida 33157.

ARTICLE VIII

The post office address of the principal office of this corporation until otherwise determined by the stockholders or the Board of Directors shall be 19354 S.W. 106th Avenue, Miami, Florida 33157 and branch offices may be maintained at such places in the State of Florida, and in the United States of America and in foreign countries as may from time to time be authorized by the stockholders or Board of Directors of this corporation.

ARTICLE IX

The name and post office address of the Subscriber of these Articles of Incorporation and the number of shares of the capital stock of this corporation subscribed by the

said Subscriber of these Articles of Incorporation are as follows:

NAME	ADDRESS	NO. OF SHARES
NILDA C. MACHADO	19354 S.W. 106th Avenue Miami, Florida 33157	100

ARTICLE X

The elected officers and their titles are as follows:

NAME	TITTLE
NILDA C. MACHADO	PRESIDENT
NILDA C. MACHADO	SECRETARY/TREASURER

ARTICLE XI

The regulations of the conduct of the affairs of this corporation, the issuance of certificates of capital stock of this corporation, and the voting rights of the holders of the shares of the capital stock of this corporation, are vested in the shareholders.

IN WITNESS WHEREOF, the undersigned Subscriber has hereunto set her hands and seal in the City of Miami, County of Dade, State of Florida, this 22 day of September, 1997.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT THE SERVICE.



NILDA C. MACHADO
INCORPORATOR/REGISTERED AGENT

Nilda C. Machado
NILDA C. MACHADO

STATE OF FLORIDA)
SS)
COUNTY OF DADE)

The foregoing instrument was acknowledge before me this 22nd day of September, 1997 by Nilda C. Machado, who is personally known to me or who has produced a Florida Driver's License as identification _____ and who did take an oath.

[Signature]

NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:



JESUS F VILAOMAT
My Commission CC335673
Expires Jul. 26, 1998
Bonded by ANB
800-852-5878

FILED
97 SEP 25 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA