

Office Use Only

4. _____
(Corporation Name) (Document #)

☐ **Certificate of Status**

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
97 OCT -9 AM 11:21
97 OCT 10 PM 3:57
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/10

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 9, 1997

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

SUBJECT: DOCTORS OFFICE NETWORK INC.
Ref. Number: W97000023153

We have received your document for DOCTORS OFFICE NETWORK 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 597A00049699

RECEIVED
97 OCT 10 PM 3:24
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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:

FILED
97 OCT 10 04:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DOCTORS OFFICE NETWORK GROUP
INC.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS:

7175 SW 47 ST #203
MIAMI FL 33155

MAILING:

6800 SW 40 ST #652
MIAMI, FL. 33155

ARTICLE III SHARES

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

100 (ONE HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAY JOURDAIN
4722 SW 67 AVE #A-3
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):


RAY L. JOURDAIN
4722 SW 67 AVE #A-3
MIAMI, FL 33155


GLADYS M DIAZ-JOURDAIN
4722 SW 67 AVE #A-3
MIAMI, FL 33155


ARTICLE VI DIRECTOR(S)

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

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of OCTOBER, 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: DOCTORS OFFICE NETWORK
GROUP INC.
2. The name and address of the registered agent and office is:
RAY L. JOURDAIN
(NAME)
7175 SW 47 ST # 203
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FLORIDA 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

8 Oct 97

97 OCT 10 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00