

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

89 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FLORIDA 33179 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. ALICEY REHABILITATION CENTER, INC. 92 OCT 20 PM 1:03  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
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

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10/20/01--01042--030  
\*\*\*\*122.50 \*\*\*\*122.50

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

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
MERCY REHABILITATION CENTER, INC.

The undersigned incorporators for the purpose of forming a corporation under the Florida General Corporation Act. hereby adopts the following Articles of incorporation.

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ARTICLE I NAME

The name of the corporation shall be: MERCY REHABILITATION CENTER, INC.

The principal place of business of this corporation shall be: 782 N. LeJeune Road, Suite 530, MIAMI, FLORIDA 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCKS

The aggregate of shares of stocks and its par value that this corporation is authorized to have outstanding at any one time is: 100 SHARES WITH A PAR VALUE OF \$1.00 EACH.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street addresses of the initial officers and directors. If any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

Alejandro De Leon

President, Treasurer  
Secretary, V-President

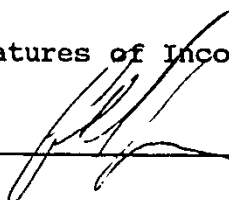
ARTICLES VI INCORPORATORS

The name and street address of the incorporators to these articles of incorporation are:

Alejandro De Leon      President, Treasurer  
7705 S.W. 75 Terr.      V-President, Secretary  
Miami, FL 33143

IN WITNESS WHEREOF, the undersigned incorporators has have  
executed these Articles of Incorporation this 17 day of  
OCTOBER 1997.

Signatures of Incorporators

  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING instrument was acknowledged and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 1997

by \_\_\_\_\_ of \_\_\_\_\_  
(Name of Incorporator)

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
Notary Public

(SEAL)

My Commission Expires: \_\_\_\_\_

**CERTIFICATE DESIGNATED  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Status, 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: **MERCY REHABILITATION CENTER, INC.**
2. The Name and address of the registered agent and office is:

**Alejandro DE LEON  
782 N. LEJEUNE RD., SUITE 530  
MIAMI, FL 33143**

Signature: \_\_\_\_\_  
(Corporate Officer)

Title: \_\_\_\_\_  
Pres.

Date: \_\_\_\_\_  
10-17-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_  
(Registered Agent)

Date: \_\_\_\_\_  
10-17-97

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