

LAZARUS CORPORATE INDUSTRIES, INC.

Registered Name

8000 AVENUE SUITE 100

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. EEL HOME MENTAL HEALTH INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 300002326823--5
(Corporation Name) (Document #) -10/22/97-01038-026
****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

FILED RECEIVED
97 OCT 22 PM 2:49
TALLAHASSEE, FLORIDA
SECTION OF CORPORATION

10/22
Examiner's Initials

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.

ARTICLE I NAME

The name of the corporation shall be:

E&L HOME MENTAL HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

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

*9645 S.W. 44 STREET
MIAMI FL 33165*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *100.00*

individual par value of \$ 1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*LUZ SANTOS
9645 S.W. 44 STREET
MIAMI FL 33165*

FILED
97 OCT 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LUZ SANTOS
9645 S.W. 44 STREET
MIAMI FL 33165

ARTICLE VI DIRECTOR(S)

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

PRESIDENT LUZ SANTOS
9645 SW 44 STREET
MIAMI FL 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this OCTOBER day of 21, 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: EEL HOME MENTAL HEALTH INC.

2. The name and address of the registered agent and office is:

LUZ SANTOS 9645 SW 44 STREET.

(NAME)

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL, 33165

(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

10-21-97

SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

97 OCT 22 PM 2:44

FILED

REGISTERED AGENT FILING FEE: \$35.00