

LAZARUS CORPORATION INDUSTRIES, INC.

Requestor Name

89 S.W. 8 AVENUE SUITE 201

Address

MIAMI, FLORIDA 331 4 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. SOUTH BEACH EYE CARE CENTER, INC
(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

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

97 DEC -2 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
97 DEC -2 AM 10: 40
DIVISION OF CORPORATION

600002360716--5

-12/02/97--01053--003

*****78.75 *****78.75

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:

South Beach Eye Care Center *INC.*

ARTICLE II PRINCIPAL OFFICE

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

10340 Alton Rd
Miami Beach, Fl 33139

ARTICLE III SHARES

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

400 shares	Trinidad Labarta	100 shares	President/treasurer
	Larry Labarta	100 shares	Vice President
	Lynn Labarta	100 shares	Secretary
	Lis Labarta	100 shares	Director

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lynn Labarta
1034 Alton Rd
Miami Beach, Fl 33139

FILED
97 DEC -2 PM 4:11
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):

Trinidad Labarta
Larry Labarta
Lynn Labarta
Lis Labarta

1034 Alton Rd
Miami Beach, Fl 33139

ARTICLE VI DIRECTOR(S)

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


Trinidad Labarta	President / Treasurer
Larry Labarta	Vice President
Lynn Labarta	Secretary
Lis Labarta	Director

1034 Alton Rd
Miami Beach Fl 33139

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of November, 1997.




Signature



Signature



Signature



Signature

**Articles of Incorporation
Filing Fee - \$35**

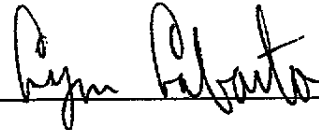
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: South Beach Eye Care Center Inc.
2. The name and address of the registered agent and office is:
Lynn Labarta
(NAME)
1034 Alton RD
(P.O. BOX NOT ACCEPTABLE)
Miami Beach, FL 33139
(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

11/10/97

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 DEC -2 PM 4:11

FILED