

OFFICE USE ONLY (DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

3320 N.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. MARIA ORTIZ CORPORATION  
(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

01 NOV -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

01 NOV -2 AM 10:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

**RECEIVED**

| 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 checked="" type="checkbox"/> | Foreign             |
| <input type="checkbox"/>            | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

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\*\*\*2441.25 \*\*\*\*\*78.75

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
MARIA ORTIZ CORPORATION

I – NAME: The name of this corporation is: MARIA ORTIZ CORPORATION

II – DURATION: This corporation shall have perpetual existence, unless sooner

-dissolved in accordance with the laws of the State of Florida.

III – PURPOSE: This corporation is organized for the purpose of transacting any and all

-business permitted under the laws of the United States of the State of Florida.

IV – CAPITAL STOCK: This corporation is authorized to issue –ONE HUNDRED –

(100) shares of –NO -- par value common stock, which shall be designated

“Common Stock”.

V – PREEMPTIVE RIGHTS: Every shareholder, upon the sale for cash of any new stock

-of this corporation of the same kind, class or series as that which he already holds,

-shall have the right to purchase his pro rata share thereof (as nearly as may be done

-without issuance of fractional shares) at the price at which it is offered to others.

VI – INITIAL PRINCIPAL OFFICE, MAILING ADDRESS AND INITIAL  
REGISTERED OFFICE AND AGENT:

The street address of the initial principal and registered office of this corporation is:

18141 N W 82<sup>ND</sup> AVENUE – MIAMI, FL 33015

-and the name of the initial registered agent of this Corporation at the address is:

MARIA ORTIZ

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VII – INITIAL BOARD OF DIRECTORS: The corporation shall have ~~ONE~~ (01)  
-director(s) initially. The number of directors may be either increased or  
-diminished from time to time by the bylaws but shall never be less than ONE (01).

The name(s) and address of the initial director(s) of this corporation is (are):

MARIA ORTIZ 18141 N W 82<sup>ND</sup> AVENUE  
MIAMI, FL 33015

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VIII – INDEMNIFICATION: The Corporation shall indemnify any officer or director, or  
-any former officer of director, to the full extent permitted by law.

IX – INCORPORATOR: The name(s) and address of the person(s) signing these articles  
-is (are):

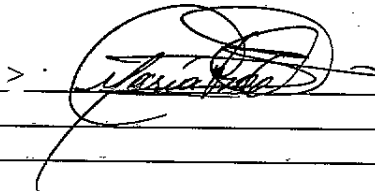
MARIA ORTIZ 18141 N W 82<sup>ND</sup> AVENUE  
MIAMI, FL 33015

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IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed the articles

Of incorporation this 30 day of October, 2001.



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE.**

In compliance with Section 607.034 of the Florida Statutes, the following is submitted:

**MARIA ORTIZ CORPORATION**

desiring to organize or qualify under the laws of the State of Florida, with its principal

- place of business in the City of - MIAMI --, county of - MIAMI-DADE --, State of

Florida, has named: MARIA ORTIZ ---- located at:


18141 N W 82<sup>ND</sup> AVENUE - MIAMI, FL 33015

City of - MIAMI --, County of - MIAMI-DADE --, State of Florida, as its agent to

accept services of process within the State of Florida.

**ACKNOWLEDGEMENT:** Having been named to accept service of process for the above mentioned Corporation, at the place designated in this Certificate, I hereby agree to act in his capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this - 30 -- day of -- october . , 2001.

  
Resident and registered agent  
Maria Ortiz

(3)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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