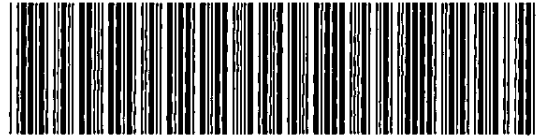


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. LEANDRY IZQUIENIDO AND ASSOCIATES,  
(Corporation Name) (Document #) Inc
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time

2.00

Certified Copy

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Will wait

Photocopy

Certificate of Status

### NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

### AMENDMENTS

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

### OTHER FILINGS

- Annual Report
- Fictitious Name

### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

LEANDRY, IZQUIERDO AND ASSOCIATES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

510 ALMINAR AVENUE  
CORAL GABLES, FL 33146-1704

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FINANCIAL SERVICES TO DEALERS

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES @ 1.00 PER VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PRESIDENT LOIDA LEANDRY  
510 ALMINAR AVENUE  
CORAL GABLES FL 33146

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LOIDA LEANDRY  
510 ALMINAR AVENUE  
CORAL GABLES FL 33146

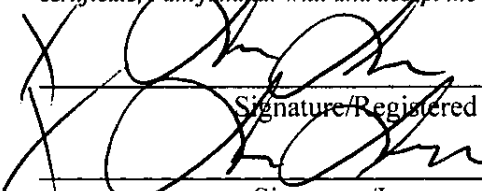
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LOIDA LEANDRY  
510 ALMINAR AVENUE  
CORAL GABLES FL 33146

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
MARCH 12, 2009  
Date  
  
\_\_\_\_\_  
MARCH 12, 2009  
Date

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