P. 95000049720

95 Jun 25 F1 2: 64

LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name)	\mathcal{D}_{i}
890 S.W. 87 AVENUE, SUITE: 16	
(Address)	<u> </u>
MIAMI, FLORIDA 33174 (305)552-5973	OFFICE USE ONLY
(City, State, Zip) (Phone #)	OFFICE USE UNLT
LOCAL REPRESENTATIVE TALLAHASSEE	
(904)385-6715	

00000150500

Examiner's Initials

800001525888 -06/28/95--01058--020 ****122.50 ****122.50

CORPORATION NAME(S)	&	DOCUMENT NUMBER(S) (if known):
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Limited Partnership

Reinstatement Trademark

Other

Name Reservation

CR2E031(10/92)

	1. PORTA	S INSURANCE	AGENCY, TNC.
	(Corpora	tion Name)	(Document #)
	2	noi Name)	(Document #)
	(Corpora	tion Name)	(Document #)
		tion Namo)	(Document #)
	Walk in	ick up time 2100	Certified Copy
	Mail out	Will wait Photocopy	Certificate of Status
17.73	NEW FILINGS	AMENDMENTS	in the space of
X	Profit	Amendment -	•
	NonProfit	Resignation of R.A., Officer/I	Director
	Limited Liability	Change of Registered Agent	
	Domestication	Dissolution/Withdrawal	
	Other	Merger	
1	OTHER FILINGS	REGISTRATION/	
	Annual Report	QUALIFICATION	
	Fictitious Name	Foreign	- N. HENDRICKS JUN 2 6 1995

95 Juli 23 17 2 1/4 -

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: PORTAS INSURANCE AGENCY, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentiched, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 SHARES shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

EDUARDO R. PORTAS 13336 S.W. 46 LANE MIAMI, FLORIDA 33175-3929

The Principal office shall be:

13336 S.W. 46 LANE MIAMI, FLORIDA 33175-3929

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

EDUARDO R. PORTAS (PRESIDENT) 13336 S.W. 46 LANE MIAMI, FLORIDA 33175~3929

IVONNE A. PORTAS (VICE-PRESIDENT) 13336 S.W. 46 LANE MIAMI, FLORIDA 33175-3929 The name and address of the incorporator executing these Articles of Incorporation is:

EDUARDO R. PORTAS 13336 S.W. 46 LANE MIAMI, FLORIDA 33175-3929

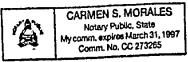
IN WITNESS W			incorporator has
of JUNE		19 95	<u> 23 us</u> y
D.L.# P632-216-60-10	7-0		
STATE OF FLORIDA COUNTY OF DADE) ss.		

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Eduardo R. Poncas known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 3 day of 5000, 1995.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



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.

	The name of the corporation is: PORTAS INSURANCE AGENCY,	INC.	
2.	The name and address of the registered agent and office is:		
_	EDUARDO R. PORTAS		
	(NAME)	1; 7; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ري ري دي .
	13336 S.W. 46 LANE	1	-
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		(-)
	MIAMI, FLORIDA 33175-3929		: 1
	(CITY/STATE/ZIP)		<u>. ;)</u> .
	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCE DCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE	PT SERV	
ANI PRO	S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REG D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO CO DVISIONS OF ALL STATUTES RELATING TO THE PROPER AND O RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEI NS OF MY POSITION AS REGISTERED AGENT.	DESIGN, ISTERED MPLY W	ATED II AGEN ITH THI