

# P96000090013

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16  
Address

MIAMI, FLORIDA 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

000001994000--6  
-11/01796--01040--013  
\*\*\*122.50 \*\*\*122.50

Office Use Only

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

1. GREAT SITE CORPORATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
NOV - 1 11 15  
TALLAHASSEE, FLORIDA  
STATE DIVISION OF CORPORATION

- Walk in       Pick up time 9:08       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

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NOV - 1 AM 11:56  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

FILED  
95 NOV -1 PM 2:14  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following A articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

*GREAT SITE CORPORATION*

ARTICLE II PRINCIPAL OFFICE

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

*9440 Fontainebleau Blvd. #401  
Miami, Florida 33172*

ARTICLE III CAPITAL STOCK

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

*2000 shares, having an individual par value of US \$10.00*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*ROBERTO M. ZICCARDI  
SS. # 592 49 1916*

*Address: 8420 Dundee Terrace  
Miami, Florida 33016*

**ARTICLE V INCORPORATOR(S)**

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

Name:	ID #:	Address:
<i>ROBERTO M. ZICCARDI</i>	<i>592 49 1916</i>	<i>8420 Dundee Ter. Miami, Fl. 33016</i>
<i>MARCELO PEREIRA DA COSTA</i>	<i>CE 089491</i>	<i>9440 Fountainsbleau Blvd #401 Miami, Fl. 33172</i>
<i>MAGALI CAVATTON SEPRENY</i>	<i>CF 951199</i>	<i>9440 Fontainebleau Blvd #401 Miami, Fl. 33172</i>

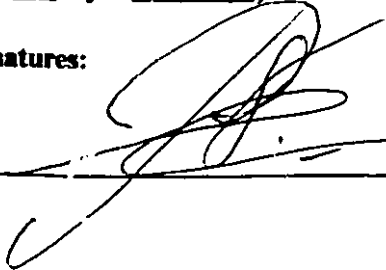
**ARTICLE VI DIRECTOR(S)**

The name and street address of the director to these articles of Incorporation is:

*ROBERTO M. ZICCARDI  
SS # 592 49 1916  
8420 Dundee Terrace Miami, Florida 33016*

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 29 day of October, 1986.

Signatures:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION REGISTERED  
AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 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:

***GREAT SITE CORPORATION***

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

***ROBERTO M. ZICCARDI  
8420 Dundee Terrace Miami, Florida 33016***

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 - 30 - 96*

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OCT 31 11 21 AM  
TALLAHASSEE, FLORIDA