# 000090372 LAZARUS CORPORATE INDUSTRIES, Requestor's Name

890 S.W. 87 AVENUE SUITE: 16 Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

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Office Use Only

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

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1. WEST	INSURANC. (Corporation Name)	E GROVA	iNC.	<u> </u>	
2	(Corporation Name)		cunent #)	;	
3	(Corporation Name)	(Do	cument #)	7 S C C C C C C C C C C C C C C C C C C	*******
4.	(Corporation Name)	(Doc	current #)	All Se	يُّا كو ≢عادة ووي دداء
Walk in	Pick up time	2,08	Certified Copy  Certificate of Si	EFLOR	(4.7 (4.7 (4.25
Mail out			Certificate of St	lalus iii	
Profit	Amendment				
NonProfit	Resignation	of R.A., Officer/Directo	or .		

Part No.	NEW FILINGS
$\boxtimes$	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENT'S THE TOTAL
 Amendment
Resignation of R.A., Officer/ Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION A QUALIFICATION
Foreign
 Limited Partnership
Reinstatement
 Trademark
Other

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Examiner's Initials NOV - 4 1996

### ARTICLES OF INCORPORATION

OF

## WEST INSURANCE GROUP, INC.

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 WEST INSURANCE GROUP, INC.

#### **ARTICLE II**

THIS NAME OF 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 MENTIONED, 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 SUCCECSION BY ITS CORPORATE NAME.

#### ARTICLE IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE IS THE TOTAL SUM OF 100 SHARES HAVING A INDIVIDUAL PAR VALUE OF 1,000.-

UNLESS OTHERWISE STARTED 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 PRINCIPAL OFFICE AND THE NAME OF THE INITIAL RESIDENT AGENTS OF THIS CORPORATION SHALL BE MR. JOSÉ IGNACIO GONZÁLEZ, 3935 N.W. 26 TH ST., MIAMI, FLORIDA 33142.

#### ARTICLE VI

THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF A TOTAL TWO (2) PERSONS, AND THE NAME AND ADDRESS OF THE PERSONS WHO IS TO SERVE AS INITIAL DIRECTOR IS MR. JOSÉ IGNACIO GONZÁLEZ, PRESIDENT, MR. MANUEL MARIO PÉREZ, SECRETARY.

THE NAME AND ADDRESS OF THE INCORPORATOR EXECUTING THESE ARTICLES OF INCORPORATION IS MR. JOSE IGNACIO GONZALEZ, 3935 N.W. 26 TH ST., MIAMI, FLORIDA 33142.

IN WITNEES WHEREOF, THE UNDERSIGNED INCORPORATOR HAS (VE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 29DAY OF OCTOBER . 1,996.

Mr. Mario Pérez

Secretary.

Mr. José Ignicio conzález.

President.
STATE OF FLORIDA )

IATE OF FLURIDA

SS.

COUNTY OF DADE )

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED MR. JOSÉ IGNACIO GONZÁLEZ AND MR MARIO PÉREZ, KNOWN TO ME AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGE BEFORE ME THAT HE EXECUTED THOSE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AFFIXED MY OFFICIAL SEAL IN THE STATE AND COUNTY AFORSAID, THIS 19DAY OF OCTOBER , 1,996.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISION EXPIRES:

OFFICIAL NOTARY SEAL
JUAN CASAS
(NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC499258
MY COMMISSION FXP. OCT. 2.1999

# 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: WEST INSURANCE GROUP, INC.
- 2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JOSE IGNACIO GONZALEZ 3935 Northwest 26 th St. MIAMI, FLORIDA 33142

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 COMP'.Y 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