

P97000016394

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

500002093405--2

-02/20/97--01069--008

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Office Use Only

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

- ACTION INSURANCE AGENCY, INC.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

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97 FEB 20 11 21 13
TALLAHASSEE, FLORIDA

- Walk in Pick up time 2:00 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

97 FEB 20 11:11:09
DIVISION OF CORPORATION

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97 FEB 20 PM 2:13

SECRET
TALLAHASSEE STATE
FLORIDA

ARTICLES OF INCORPORATION

OF

ACTION INSURANCE AGENCY, INC.

(Proper Noun)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATION NAME

The corporation's name shall be: ACTION INSURANCE AGENCY, INC.

ARTICLE II

DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III

PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED (500) shares of ONE DOLLAR (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V

PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

3838 NW 36th. STREET

MIAMI, FLORIDA 33122

ARTICLE VI

NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII

BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

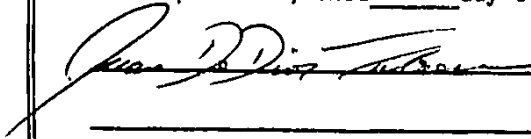
NAME: <u>JUAN DE DIOS CABRERA</u>
ADDRESS: <u>1120 RED BIRD AVENUE</u>
CITY: <u>MIAMI SPRINGS</u> STATE: <u>FL</u> Z.C.: <u>33166</u>
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ Z.C.: _____

**ARTICLE VIII
INCORPORATORS**

The names and addresses of the incorporators signing these Articles of the incorporation, are as follow:

NAME: <u>JUAN DE DIOS CABRERA</u>	TITLE: <u>PRESIDENT</u>
ADDRESS: <u>1120 RED BIRD</u>	
CITY: <u>MIAMI SPRINGS</u> STATE: <u>FL</u> Z.C.: <u>33166</u>	
NAME: <u>JUAN DE DIOS CABRERA</u>	TITLE: <u>SECRETARY</u>
ADDRESS: <u>1120 RED BIRD AVENUE</u>	
CITY: <u>MIAMI SPRINGS</u> STATE: <u>FL</u> Z.C.: <u>33166</u>	
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____ STATE: _____ Z.C.: _____	
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____ STATE: _____ Z.C.: _____	
NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____ STATE: _____ Z.C.: _____	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation, this 19 day of February, 19 97.

 (Seal) _____ (Seal)
 _____ (Seal) _____ (Seal)
 _____ (Seal) _____ (Seal)

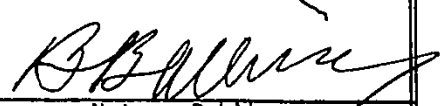
STATE OF FLORIDA }
COUNTY OF DADE }

Before me, a Notary Public authorized to take acknowledgment in the State and County set for above, personally appeared:

JUAN DE DIOS CABRERA

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19 day of February, 1997.


Notary Public
State of Florida at large

BERNARDO BALLINA
Notary Public-State of Florida
My Commission Expires APR 19, 1997
COMM. # CC271480

CERTIFICATE OF REGISTERED AGENT

OF

ACTION INSURANCE AGENCY, INC.

(Name of Corporation)

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST; That ACTION INSURANCE AGENCY, INC. desiring to
(Proper Noun)

organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of _____, County of DADE State of FLORIDA, has named:

To: Juan de Dios Cabrera

Located at: 1120 RedBird Avenue

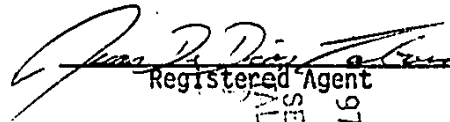
City of: Miami Springs County OF: Dade

State of Florida.

as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent

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SECRETARY OF STATE, FLORIDA