# MO4131

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 # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. FE, ESPERANZA Y CARIDAD INC.
(Corporation Name) (Document #) 2. Translation faith Hope And charity inc (Corporation Name) (Document #) 3. ENGLISH TRANSLATION: THE BOTANIC OF FAITH, HOPE AND CHARITY INC. (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Photocopy Certificate of Status Mail out Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUAUFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State



July 21, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: FE, ESPERANZA Y CARIDAD INC. Ref. Number: W97000016759

We have received your document for FE, ESPERANZA Y CARIDAD INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 597A00036946



## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: BOTANICA DE LA FE, ESPERANZA Y CARIDAD INC.

ARTICLE II PRINCIPAL OFFICE

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

1570 WEST 43 PLACE, STE # 6, HIALEAH, FLORIDA, 33012.-

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ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

HAYDE LLANES

1570 WEST 43 PLACE # 6 HIALEAH FL 33012.-

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

HAYDE LLANES

1570 WEST 43 PLACE, # 6 HIALEAH, FL, 33012.-

| The undersigned inc | corporator(s) has(h | ave) executed these Articles of Incorporation the |
|---------------------|---------------------|---|
| 16 day of           | JULY                | , 19 <del>97</del>                                |
| <del>*</del> t      | Hayai J             | Signature   |
|                     |                     |   |
|                     |                     | Signature   |
|                     |                     |   |
|                     |                     |   |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:   | BOTANICA           | DE    | LA           | FE,  | ESPERANZA | Y     | CARIDA          | AD INC         |
|----|-----------------------------------|--------------------|-------|--------------|------|-----------|-------|-----------------|----------------|
| 2. | The name and address of the regis | tered agent and    | d off | ice is       | :    |           |       |                 |                |
|    | HAYDE                             | LLANES             |       |              |      |           |       |                 |                |
|    | ,                                 | (Name)             |       |              |      |           | TAI.  | 9 <b>7</b>      |                |
|    | 1570                              | WEST 43 PLACE,     |       |              | STE  | # 6       | AHA   |                 |                |
|    | (P.O. Bo                          | x or Mail Drop Box | ox N  | NOT ACCEPTAB |      | ABLE)     | SS    | . <b>24</b>     | j, urepan<br>i |
|    | HIALE                             | AH, FLORI          |       | •            | 012. | _         | <br>L | 목               |                |
|    |                                   | (CITY/STA          | TE/ZI | P)           |      |           | ORIO  | 12: 47<br>STATE |                |

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) Suly 16,1997.(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314