4 P97000077479

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. S. BEACH MASSAGE & NATURAL HEALTH
(Corporation Name) (Document #)

2. IMPROVEMENT INC.
(Corporation Name) (Document #) 500002285735--8
-09/05/97--01074--011
*****78.75 *****78.75

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

	NEW FILINGS
X	Profit
	Non\'profit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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K. Rolfe SEP 8 1997

K. Rolfe SEP 5 1997
W97-20741

Examiner's Initials	

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 5, 1997

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVE
SUITE 16
MIAMI, FL 33174

SUBJECT: S. BEACH MASSAGE & NATURAL HEALTH IMPROVEMENT INC.
Ref. Number: W97000020541

We have received your document for S. BEACH MASSAGE & NATURAL HEALTH IMPROVEMENT INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 897A00044485

RECEIVED
97 SEP -8 AM 11:04
DIVISION OF CORPORATION

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:

S. BEACH MASSAGE & NATURAL HEALTH IMPROVEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

180 E. 19th Street
Hialeah, Fl. 33010

ARTICLE III SHARES

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

200.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ONELIO E. GUTIERREZ
1020 S.W. 86th Ct.
MIAMI, FL. 33144

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ARTICLE V INCORPORATOR(S)

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

GUILLERMO J. CHEA
180 E. 19th Street
HIALEAH, FL. 33010

ONELIO E. GUTIERREZ
1020 S.W. 86th CT.
MIAMI, FL. 33144

ARTICLE VI DIRECTOR(S)

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

(P/T) GUILLERMO J. CHEA
180 E. 19th Street
HIALEAH, FL. 33010

(VP/S) ONELIO E. GUTIERREZ
1020 S.W. 86th CT.
MIAMI, FL. 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19____.

Guillermo J. Chea
Signature

Onelio Gutierrez
Signature

Signature

Articles of Incorporation
Filing Fee - $35

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:** S. BEACH MASSAGE & NATURAL HEALTH IMPROVEMENT INC.

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

ONELIO E. GUTIERREZ
(NAME)

1020 S.W. 86 CT.
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33144
(CITY/STATE/ZIP)

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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 Onelio Gutierrez

DATE 9/4/97

REGISTERED AGENT FILING FEE: $35.00