

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FINANCIAL SERVICE, INC.

(Requester's Name)

332 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

*PS 3000100617*

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

- 1. USA Distributor Maintenance & Sanitorial Supplies  
(Corporation Name) (Document #) *INC*
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time 2.00

Certified Copy \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

FILED  
98 DEC -3 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*12/3*

Examiner's Initials

# 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.

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98 DEC -3 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

U.S.A. DISTRIBUTOR  
MAINTENANCE & JANITORIAL SUPPLIES Inc.

## ARTICLE II PRINCIPAL OFFICE

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

8232 NW South River  
MEDLEY FL. 33166

## ARTICLE III SHARES

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

100.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA NICOLAS  
CABRERA

8232 NW South River  
Medley, FL. 33166

ARTICLE V INCORPORATOR(S)

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

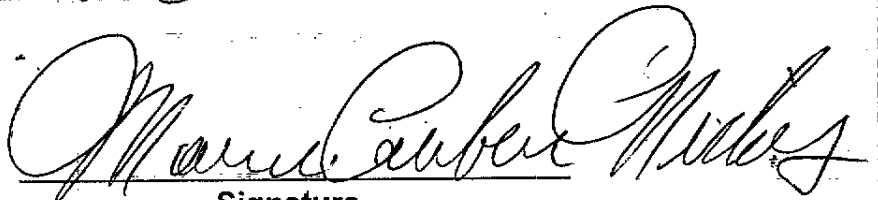
MARIA CABRERA NICOLAS  
8232 NW SANTA RIVER DR.  
MEDLEY FL. 33166

ARTICLE VI DIRECTOR(S)

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

MARIA CABRERA NICOLAS (P)  
8232 NW SANTA RIVER DR.  
MEDLEY FL. 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2 day of December, 1998.



Signature

Signature

Signature

**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: U.S.A. DISTRIBUTOR  
MAINTENANCE AND SANITARIUM SUPPLIES, INC.
2. The name and address of the registered agent and office is:  
MARIA GABRIELA NICOLAS  
(NAME)  
8832 N W SOUTH RIVER DR.  
(P.O. BOX NOT ACCEPTABLE)  
MEDLEY FL. 33166  
(CITY/STATE/ZIP)

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 [Signature]

DATE 12/02/98

98 DEC -3 PM 12:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00