

# P97000001726

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

511001201.11545--4  
00000000000000000000  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

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

1. MAGIC BLOCK INC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Statement

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  
97 JAN -8 AM 11:46  
TALLAHASSEE, FLORIDA

RECEIVED  
JAN -8 AM 10:59  
ION OF CORPORATION

ARTICLES OF INCORPORATION  
OF

MAGIC BLOCK INC.  
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FILED  
97 JAN-8 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

THE NAME OF THE CORPORATION IS:

MAGIC BLOCK INC.  
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ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS \$500.00 SHARES AT -- \$1.00 PAR VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IF THE PRINCIPAL OFFICE OF THE -- CORPORATION IN THIS STATE SHALL BE:

450 N.W. 115 COURT  
MIAMI, FLORIDA 33172

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

GILBERTO CONTRERAS

450 N.W. 115 COURT  
MIAMI FLORIDA, 33172

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTOR WHOSE NAME AND ADDRESS ARE AS FOLLOWS.

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

GILBERTO CONTRERAS  
450 N.W. 115 COURT MIAMI FLORIDA, 33172

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THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION IN THE SECOND DAY OF JANUARY OF NINETEEN NINETY SEVEN.

  
-----  
GILBERTO CONTRERAS  
INCORPORATOR

CERTIFICATE OF DESIGNATION  
-----  
REGISTERED AGENT/REGISTERED OFFICE  
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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: MAGIC BLOCK INC.

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2. The name and address of the registered agent and office is  
GILBERTO CONTRERAS

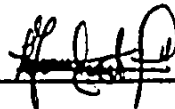
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NAME  
450 N.W. 115 COURT

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(P.O. BOX NOT ACCEPTABLE)  
MIAMI FLORIDA, 33172

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(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 \_\_\_\_\_



DATE: JANUARY 2, 1997

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 JAN -8 AM 11:47

FILED