

P. 95000049720

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95 JUN 26 PM 2:44

SECRET  
TALLAHASSEE

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

(904)385-6715

OFFICE USE ONLY

300001525883  
-06/28/95--01058--020  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. PORTAS INSURANCE AGENCY, 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 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

N. HENDRICKS JUN 26 1995

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

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95 JUN 23 PM 2 44  
REC  
2000

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:  
PORTAS INSURANCE AGENCY, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) / Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 SHARES shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

EDUARDO R. PORTAS  
13336 S.W. 46 LANE  
MIAMI, FLORIDA 33175-3929

The Principal office shall be:

13336 S.W. 46 LANE  
MIAMI, FLORIDA 33175-3929

#### ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

EDUARDO R. PORTAS (PRESIDENT)  
13336 S.W. 46 LANE  
MIAMI, FLORIDA 33175-3929

IVONNE A. PORTAS (VICE-PRESIDENT)  
13336 S.W. 46 LANE  
MIAMI, FLORIDA 33175-3929

The name and address of the incorporator executing  
these Articles of Incorporation is:

EDUARDO R. PORTAS  
13336 S.W. 46 LANE  
MIAMI, FLORIDA 33175-3929

IN WITNESS WHEREOF, the undersigned incorporator has  
(ve) executed these Articles of Incorporation this 23 day  
of JUNE, 1995.



D.L.# P632-216-60-107-0

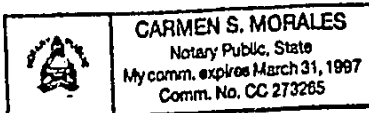
STATE OF FLORIDA    }  
COUNTY OF DADE    } SS.

BEFORE ME, a notary public authorized to take acknow-  
ledgements in the state and county set forth above, personally  
appeared Eduardo R. Portas known to me and  
known by me to be the person(s) who executed the foregoing  
Articles of Incorporation, and he (they) acknowledge before  
me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and  
affixed my official seal in the state and county aforesaid,  
this 23 day of JUNE, 1995.

  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:



**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: PORTAS INSURANCE AGENCY, INC.

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

EDUARDO R. PORTAS

(NAME)

13336 S.W. 46 LANE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33175-3929

(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

6-23-95