

L95000000495

RECEIVED
95 JUN 27 AM 10:47
DIVISION OF CORPORATION

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

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

1. Intermyx Systems, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

200001525532
-06/28/95--01039--003

***337.50 ***337.50

337.50 122.50
337.50

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" 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

N. HENDRICKS JUN 27 1995

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

The undersigned acting as organizer of a Florida Limited Liability Company, adopt the following Articles of Organization for such Corporation

ARTICLE I-NAME:

The name of the Limited Liability Company is:

INTERMYPs SYSTEMS, L.C.

ARTICLE II-ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

4160 W. 16th Avenue, Suite 402, Hialeah, Florida 33012

ARTICLE III-Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV-Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member (s) is/are:

ALFIO LANZAFAME

Avenida La Trinidad, El Hatillo
Residencia Alborada
Apartamento 11-C
Soroacaima-Caracas, Venezuela

AITOR DE ROTAECHE

Avenida universidad-Centro Parque
Carabobo Piso 13, Oficina 1314
Caracas, Venezuela

ARTICLE V- Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

UNANIMOUS WRITTEN CONSENT OF ALL THE MEMBERS

JUAN E. VALDES, Organizer
as authorized representative
ALFIO LANZAFAME and AITOR
DE ROTAECHE

STATE OF FLORIDA

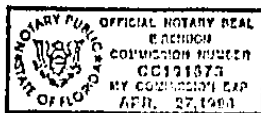
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgments, personally appeared JUAN E. VALDES, as authorized representative of ALFIO LANZAFAME and AITOR DE ROTAECHE to me known to be the person(s) described in or who (have)(has) produced N/A as identification and who executed the foregoing document and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State
aforesaid this 26th day of June, 1995. 1

My commission expires:

NOTARY PUBLIC, State of Florida



AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
INTERNYPS SYSTEMS L.C. _____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 20,000.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: INTERMYP
SYSTEMS L.C.

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

JUAN E. VALDES, Esquire
(Name)
4160 W. 16th Avenue, Suite 402
(P.O. Box not acceptable)
Hialeah, Florida 33012
(City/State/Zip)

FILED
65 JUN 27 PM 4:41
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)
JUAN E. VALDES, Esquire

6/26/95
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

FILE NOW: Fee after May 1, will be \$263.75

FILED

96 MAR -4 PM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**FILING FEE
\$ 238.75**

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1 Name and Mailing Address
of Limited Liability Company**

DOCUMENT #L95000000495

**INTERMYPs SYSTEMS, L.C.
4160 W. 16TH AVE.
SUITE 402
HIALEAH FL 33012**

1a. Principal Place of Business Address

**4160 W. 16TH AVE.
SUITE 402
HIALEAH FL 33012**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

06/27/1995

3a. State of Formation

FL

4. FEI Number

65-0590336

☐ **Applied For**

☐ **Not Applicable**

5. Date of Last Report

6. Certificate of Status Desired

☐ **Is Additional Fee Required**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**VALDES, JUAN E ESQ.
4160 W. 16TH AVE.
SUITE 402
HIALEAH FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (If Not, Registered Agent's signature required when re-registering)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM LANZAFAME, ALFIO

SEE ARTICLES FOR COMPLETE

SOROCAIMA-CARACAS, VE

MGRM DE ROTAECHE, AITOR

SEE ARTICLES FOR COMPLETE

CARACAS, VENEZUELA

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-03/07/96--01917--005
++++238.75 +++++238.75**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ALFIO LANZAFAME 3-1-96