

L9500000771

LAZARUS CORPORATE INDUSTRIES, INC.
(Requester'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

300001622223
-10/27/95--01026--025
****337.50 ****337.50

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

1. F.M. ENTERPRISES L.C.
(Corporation Name) (Document #)
2. F.A.C. ENTERPRISES L.C.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:100

☒ 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
95 OCT 12 AM 11:38
DIVISION OF CORPORATIONS

Examiner's Initials

JP

10/12/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 12 PM 2:59

ENTERPRISES, L.C.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I- Name:

The name of the Limited Liability Company is:

F.A.C. ENTERPRISES, LC.

ARTICLE II- Address:

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

**9010 N.W. 150 TERRACE
MIAMI, FLORIDA 33016**

ARTICLE II-Duration:

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

30 years

ARTICLE IV-Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by Managers and the names and addresses of such managers who are to serve as manager are:

xx ☐ The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

**FAISEL MUSA
ZAIDA MARIA RODRIGUEZ
9010 N.W. 150 TERRACE
Miami, Florida 33016**

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:

The admission of additional members shall be subject to the approval of the four members.

ARTICLE VI- Members Rights to Continue Business:

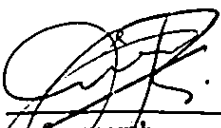
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The decision of the two members remaining to continue the business in those events, or in the event that at that time new members are admitted then the decision will be the one of the majority of members.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of F.A.C. ENTERPRISES, 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 members is \$10,000.00
- 3)if any, the agreed value of property other than cash contributed by members is \$ 0. A description of the property is attached and made a part hereto., none
- 4)the total amount of cash or property anticipated to be contributed by members is \$10,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member

Faisal Musa

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 12 PM 2:59

**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:

F.A.C. ENTERPRISES, L.C.

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

FAISEL MUSA

9010 N.W. 150 Terrace

Miami, Florida 33016

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)

10/10/95
(Date)

Faisal Musa

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 FEB -8 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #L95000000771

F.A.C. ENTERPRISES, L.C.
9010 N.W. 150 TERRACE
MIAMI FL 33016

1a. Principal Place of Business Address

9010 N.W. 150 TERRACE
MIAMI FL 33016

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

3. Date Organized or Qualified

3a. State of Formation

10/12/1995

FL

4. FEI Number

65-0622595

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MUSA, FAISEL
9010 N.W. 150 TERRACE
MIAMI FL 33016

Name

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

300001719643

Suite, Apt. #, etc.

-02/20/96--01114--024

****238.75

****238.75

City

FL

Zip Code

9. Pursuant to the provisions of Sections 606.416 and 606.506, 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

2/5/96

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

MUSA, FAISEL

9010 N.W. 150 TERRACE

MIAMI FL

MEM

RODRIGUEZ, ZAIDA M

9010 N.W. 150 TERRACE

MIAMI FL

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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILED

97 JAN 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000771

F.A.C. ENTERPRISES, L.C.
9010 N.W. 150 TERRACE
MIAMI FL 33016

1a. Principal Place of Business Address

9010 N.W. 150 TERRACE
MIAMI FL 33016

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

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/12/1995

FL

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0623595

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

02/08/1996

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MUSA, FAISEL
9010 N.W. 150 TERRACE
MIAMI FL 33016

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 606.416 and 606.506, 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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MUSA, FAISEL	9010 N.W. 150 TERRACE	MIAMI FL
MEM	RODRIGUEZ, ZAIDA M	9010 N.W. 150 TERRACE	MIAMI FL

800002074008--2
-01/30/97--01076--008
****203.75 ****203.75

1/24/97 (305) 823 0410

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #