

N96000005430

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

400001983944--4
-10/23/96--01040--005
****122.50 ****122.50

Office Use Only

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

1. DADE COUNTY SURETY AGENTS ASSOCIATION, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED
OCT 23 PM 2:24
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

FOR

DADE COUNTY SURETY AGENTS ASSOCIATION, INC.

FILED
2001-03-23 PM 3:24
MILLER
FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

DADE COUNTY SURETY AGENTS ASSOCIATION, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

318-A S.W. 12 AVE.
MIAMI, FL. 33130

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

A REPRESENTATION OF THE DAIL BOND INDUSTRIES
AND SURETY AGENTS OF
DADE COUNTY FLORIDA BEFORE THE DEPT. OF
INSUAANCE TO UPHOLD THE RIGHTS, INTEREST
AND PROFESSION OF THESE INDIVIDUALS.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

BY A MAJORITY VOTE OF ALL THE
MEMBEAS OF THE BOARD OF DIRECTORS.

ARTICLE V. LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

NONE

ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

BERT VELUNZA
2000 S. DIXIE HIGHWAY, SUITE 104-A
MIAMI, FLORIDA 33133

ARTICLE VII. INCORPORATORS.

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

ALMA M. ALVAREZ	HUMBERTO LOPEZ	MIKE DELGADO
318-A S.W. 12 AVE.	318-A S.W. 12 AVE.	318-A S.W. 12 AVE.
MIAMI, FL. 33130	MIAMI, FL. 33130	MIAMI, FL. 33130

ROSELIO SUAREZ	BERT VELUNZA	MAYRA FORTES
318-A S.W. 12 AVE.	318-A S.W. 12 AVE.	318-A SW 12 AVE.
MIAMI, FL. 33130	MIAMI, FL. 33130	MIAMI, FL. 33130

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6TH day of SEPT., 19 96.

Signature(s) of the Incorporator(s)

(X) Mike Delgado

(X) Humberto Lopez

(X) Bert Velunza

Mike Delgado

Typed name of incorporator signing

Humberto Lopez

Typed name of incorporator signing

BERT VELUNZA

Typed name of incorporator signing

**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: DADE COUNTY SURETY AGENT ASSOCIATION, INC.

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

BERT VELUNZA

(NAME)

2000 SOUTH DIXIE HIGHWAY, SUITE 104-A

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33133

(CITY/STATE/ZIP)

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DADE COUNTY
FLORIDA

05 OCT 93 PM 2:24

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

09-05-96