

N96000006143

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

600002019416--7

-12/04/96--01061--012

*****70.00 *****70.00

Office Use Only

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

1. AMERICAN INSTITUTE OF FOOD HYGENE, 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 checked="" 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
96 DEC -4 / 11:22
TALLAHASSEE FLORIDA
RECEIVED
96 DEC -4 / 11:22

ARTICLES OF INCORPORATION

FOR

FILED

AMERICAN INSTITUTE OF FOOD HYGENE, INC. DEC -4 AM 11:23

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

ARTICLE I NAME

The name of the corporation shall be: AMERICAN INSTITUTE OF FOOD HYGENE, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be: 482 East 56th Street, Hialeah, Fl. 33013

ARTICLE III PURPOSE(S)

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

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

At annual meetings of shareholders and at each meeting thereafter the shareholders shall elect directors to hold office until the next succeeding annual meeting.

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

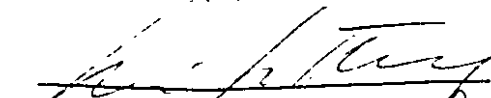

The name and street address of the initial registered agent is:

ARTICLE VII INCORPORATORS

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

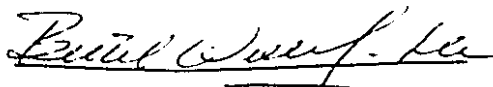
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th day of November, 1996.

Signature(s) of the Incorporator(s)

SONIA SENATTORE

EDUARDO E. CARBONELL



BERTEL DaSILVA

**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: **AMERICAN INSTITUTE OF FOOD HYGENE, INC.**
2. The name and address of the registered agent and office is:

SONIA SENATTORE
(NAME)

482 East 56th Street
(P.O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33013
(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

[Signature]
11/26/96

FILED
96 DEC -4 AM 11:23
TALLAHASSEE, FLORIDA

REGISTERED AGENT FEE: \$35.00