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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. ILLUSION UNLIMITED IMPORT CO.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ 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

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Examiner's Initials

# ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR ( S ), For the Purpose of Forming a Corporation Under The Florida Business Corporation Act, hereby adopt ( s) the following articles of Incorporation.

## ARTICLE 1 NAME

The name of the corporation shall be:

ILLUSION UNLIMITED IMPORT CO.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

8620 NW 190<sup>TH</sup> TERRACE MIAMI FL 33015

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have **outstanding** at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT FERNANDEZ 8620 NW 190 TH TERRACE MIAMI FL 33015

## **ARTICLE V INCORPORATORS**

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

**ROBERT FERNANDEZ 8620 NW 190<sup>TH</sup> TERRACE**  
**Miami, FL 33015**

## **ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of incorporation is (are)

**ROBERT FERNANDEZ 8620 NW 190<sup>TH</sup> TERRACE MIAMI FL 33015**  
**PRESIDENT**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 01-17 day of 2000.

**Signature** *Robert Fernandez*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

**REGISTERED AGENT** *Robert Fernandez*

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