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|--|---|--|---------------------------------|
| 0- | TRANSMI | FTAL LETTER | |
| YO | 0000 | $\overline{17}$ | 1639 |
| Department of State | | | |
| Division of Corporati P. O. Box 6327 | ions | | |
| Tallahassee, FL 323 | 14 | | |
| | | | |
| SUBJECT: LAZARUS GRAPHICS, INC. | | | |
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | |
| 7000033599971 | | | |
| -08/17/0001004001 *****78.75 *****78.75 | | | |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for : | | | |
| \$70.00 | ⊡ \$78.75 | 3 \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | ADDITIONAL CO | Status |
| | | ADDITIONAL CC | |
| FROM: | Kimberly Lazarus | | |
| | | | |
| | 1747 Cooitel Cir. | 1747 Capital Cir. N.E. #923 $\Box = \Xi$ | |
| | Name (Printed or typed) 1747 Capital Circ. N.E. #923 Address 225 22 | | |
| | FN, F | 20710 | × × 1 22 |
| | Tallahgsser, FL 32308 City, State & Zip | | |
| | | | |
| | 850 906-4422 | | |

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Daytime Telephone number

T. SMITH AUG 1 6 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Lazarus Graphics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1747 Capital Cir. N.E. #923 Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):

Kimberly Lazarus - Owner) 1747 Capital Cir. N.E. #923 Donte Lazarus - President Tallahassee, FL 32308

<u>ARTICLE VI</u> <u>REGISTERED AGENT</u> The name and Florida street address of the registered agent is:

- 1747 Capital Cir. N.E. #923 Kimberly Lazarus Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Lazarus - 1747 Capital Gr. N.E. #923 Tallahassee, FL. 32308

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

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 $\frac{\frac{8/14}{00}}{\text{Date}}$

Signature/Incorporator