

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

500003367085--7

-08/22/00--01007--015

\*\*\*\*\*78.75 \*\*\*\*\*78.75

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. SOLID ORNAMENTAL ALUMINUM/IRON, 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 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  
00 AUG 22 AM 10:39  
TALLAHASSEE, FLORIDA  
STATE  
DIVISION OF CORPORATIONS

FILED  
00 AUG 22 PM 1:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Examiner's Initials

## **ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION,  
UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING  
ARTICLES OF INCORPORATION:

### **ARTICLE I - NAME:**

THE NAME OF THE CORPORATION SHALL BE:

**SOLID ORNAMENTAL ALUMINUM/IRON, INC.**

### **ARTICLE II - PRINCIPAL OFFICE:**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

**4100 NW. 135TH. STREET, BAY # 5, OPALOCKA, FL. 33054**

### **ARTICLE III - SHARES:**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUT-  
STANDING AT ANY ONE TIME IS:

**1,000 SHARES - PAR VALUE: \$ 1.00 EACH.**

### **ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:**

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE:

**CLODOMIRO PEREZ,  
4100 NW. 135TH. STREET, BAY # 5, OPALOCKA, FL. 33054**

### **ARTICLE V - INCORPORATOR:**

THE NAME AND FLORIDA ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF IN-  
CORPORATION ARE:

**CLODOMIRO PEREZ,  
4100 NW. 135TH. STREET, BAY # 5, OPALOCKA, FL. 33054**

  
\_\_\_\_\_  
SIGNATURE/INCORPORATOR

8/21/00  
DATE

[AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED]

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/REGISTERED AGENT

8/21/00  
DATE

FILED  
00 AUG 22 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA