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Division of Consorations

# 10000103572

LAZARUS CORPORATION

Page 1 of 2

#### Florida Department of State

Division of Corporations

Duklin Annam Syntam Katherme Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)922-4001

Frcm:

Account Name : LAZARUS CORPORATE FILING SERVICE, IN

Account Number : 12000000019 **:** (305)552~5973 Phone

Fax Number : (305)220-1440

### FLORIDA PROFIT CORPORATION OR P.A.

CHASIS EMPORIUM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

1,026382

TUUUUU 0 0 5 7 7 8 7

The undersigned incorporator, for the pourpose of forming a corporation under the Fortist for Rocks Proposition Act, hereby adopt(s) the following Articles of Theorperation.

#### ARTICLE I NAME

The name of the corporation shall be:

CHASIS EMPORIUM, INC.

#### ARTICLE II PRINCIPAL OFFICE

5363 W 23 AVE HIALEAH, FL 33016

#### ARTICLE III PURPOSE(S)

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

A CORPORATION TO DO BUSINESS, PROVIDING SERVICES REPAIR CAR BODY AND ALIGMENT.

THE CORPORATION WILL HAVE A 100 SHARES FOR \$5,00 VALUE EACH

#### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is: By the people that conform the Corporation

#### ARTICLE V INITIAL REGISTRED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registred agent are:

RAFAEL ESNEIDER VELAZQUEZ 5363 W 23 AVE HIALEAH, FL 33016

#### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

RAFAEL ESNEIDER VELAZQUEZ

100 SHARES

PRESIDENT

5363 W 23 AVE HIALEAH, FL 33016

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Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registred 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 perfomance of my duties, and I am familiar with and accept the obligations of my position as registred agent.

Signature/Agent

Dote

ONOV-3 PM 3: 24
ECRETARY OF STATE
ANASSEE, FLORIDA