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00 DEC 14 PM 3: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

200003501262--2  
-12/14/00--01042--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. NOR SUPPLY COMPANY  
(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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

PH

## ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

NOR SUPPLY COMPANY

### ARTICLE II - PRINCIPAL OFFICE

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

951 NW 93 ST.  
MEDLEY FL. 33172

### ARTICLE III - SHARES

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

ONE HUNDRED

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

The name and address of the initial registered agent is:

NORGEN J. REYES

951 NW 93 ST  
MEDLEY FL. 33172

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is:

NORGEN J. REYES  
951 NW 93 ST. MEDLEY FL. 33172

The undersigned incorporator has executed these Articles of Incorporation this 13 day of DECEMBER 2000

  
\_\_\_\_\_  
Signature

ARTICLE VI- DIRECTOR(S)

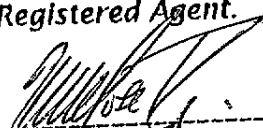
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

NORGEN J. REYES DIRECTOR  
951 NW 93 ST. MEDLEY FL. 33172

PINTORIA CA.  
ON BE HAVE OF: CARLOS PULIDO  
AV PRINCIPAL LOS ACEITICOS AL LADO DE LA  
FARMACIA BETHANIA - CIUDAD BOLIVAR  
EDO BOLIVAR - VENEZUELA.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

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 Signature