

PH1000011592

OFFICE USE ONLY (Do not write)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

000003617250--0  
-01/31/01--01021--026  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

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

1. H.S. SERVICE OF MIAMI 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 State

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

FILED RECEIVED  
01 JAN 31 PM 2:04  
01 JAN 31 AM 10:26  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

H.S. SERVICE OF MIAMI INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:

H.S. SERVICE OF MIAMI INC.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SODNER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

5725 S.W. 132 COURT #21-1 MIAMI FLORIDA, 33183

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

HARLAND SOMARRIBA  
5725 S.W. 132 COURT #21-1 MIAMI FLORIDA,

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF ONE DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

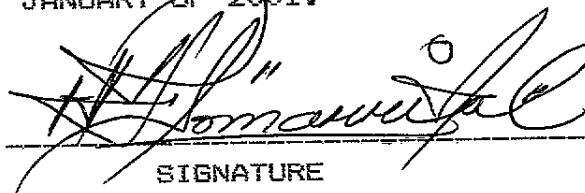
ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND  
THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS  
SHALL BE:

HARLAND SOMARRIBA  
5725 S.W. 132 COURT #21-1 MIAMI FLORIDA, 33183

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF  
INCORPORATION THIS TWO DAYS OF JANUARY OF 2001.

OWNER

  
SIGNATURE

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized -- under the laws of the State of Florida, submits the following statement in designating the registered office/registered --- agent, in the State of Florida.

1. The name of the corporation is: H.S. SERVICE OF MIAMI  
MIAMI INC. \_\_\_\_\_

2. The name and address of the registered agent and office is  
HARLAND SOMARRIBA

NAME  
5725 S.W. 132 COURT #21-1

(P.O. BOX NOT ACCEPTABLE)  
MIAMI FLORIDA, 33183

(CITY/STATE/ZIP)

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 \_\_\_\_\_

DATE: JANUARY 2, 2001

**FILED**  
01 JAN 31 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA