

OFFICE USE ONLY DOCUMENT #

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. DEPOT SUPPLIES, INC. (Corporation Name)

(Document #)

300004662363-0
-11/01/01-01028-017
*****78.75 *****78.75

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

01 NOV - 1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

01 NOV - 1 AM 10:14
LAZARUS CORPORATE
FILING SERVICE
TALLAHASSEE, FLORIDA

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

Examiner's Initials

ARTICLES OF INCORPORATION

DEPOT SUPPLIES, INC.

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

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TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the corporation shall be: DEPOT SUPPLIES, INC.

ARTICLE II: PURPOSE

The corporation shall engage in any activity or business permitted under the Laws of the State of Florida and of the United States of America.

ARTICLE III: PRINCIPAL OFFICE

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

8550 NW 4 ST Street address	PEMBROKE PINES City	FL State	33024 Zip Code
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ARTICLE IV: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to issue and have outstanding at one time is 500 shares of common stock, and which common stock shall have a par value of \$1.00 per share.

All stock is to be issued as fully paid and exempt from assessment.

ARTICLE V: DURATION

The existence of the corporation is perpetual.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name of the initial registered agent is: LINCOLN MARTINEZ
and street address is : 8550 NW 4 ST, PEMBROKE PINES, FL 33024

ARTICLE VII: INITIAL OFFICERS(S) /DIRECTOR(S).

The name and street address(es) of the member(s) of the first Board of Directors and slate of corporate officer(s) are as follows:

Name	Title	Address
LINCOLN MARTINEZ	P/D/T	8550 NW 4 ST, PEMBROKE PINES, FL 33024
MARIANELA MARTINEZ	VP/S/D	8550 NW 4 ST, PEMBROKE PINES, FL 33024

ARTICLE VIII: SECTION 1244

ARTICLE VI. SECTION 1244

The stock of the corporation may be issued pursuant to the provisions under Section 1244 of the Internal Revenue Code in order for the stockholders of the corporation may receive the benefits thereunder.

ARTICLE IX: INCORPORATOR(S)

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

LINCOLN MARTINEZ 8550 NW 4 ST PEMBROKE PINES, FL 33024

The undersigned incorporator(s) has(have) executed theses Articles of Incorporation this:

30th day of OCTOBER , 2001

Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE.**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **DEPOT SUPPLIES, INC**

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

LINCOLN MARTINEZ

(Name)

8550 NW 4 ST

(P.O. Box or Mail Drop Box not acceptable)

PEMBROKE PINES, FL 33024

CITY, STATE, ZIP CODE

Having been named 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)

10/30/2001

(Date)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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