

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FINANCIAL SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

900004830249--2

-01/28/02--01033--026

*****78.75 *****78.75

OFFICE USE ONLY

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

1. LILYSAN CORP.

(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
02 JAN 28 AM 10:34
DIVISION OF CORPORATION

FILED
02 JAN 28 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I: NAME

The name of the Corporation shall be:

LILYSAN CORP.

ARTICLE II: PRINCIPAL OFFICE

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

11995 SW 6TH. STREET
MIAMI, FLORIDA 33184

ARTICLE III: SHARES

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

100/\$1.00

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

SANTIAGO SALVADOR SALAZAR
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184

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TALLAHASSEE FLORIDA

ARTICLE V: INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Article of Incorporators is (are).

- | | |
|---|--|
| 1.- SANTIAGO SALVADOR SALAZAR
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184 | 3.- OSCAR H. SALAZAR
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184 |
| 2.- NORMA LILY CALAMPA
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184 | |

ARTICLE VI: DIRECTOR (S)

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

- 1.- SANTIAGO SALVADOR SALAZAR - PRESIDENT
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184
- 2.- NORMA LILY CALAMPA - VICE-PRESIDENT
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184
- 3.- OSCAR H. SALAZAR - TREASURER
11995 SW 6TH. STREET
MIAMI, FLORIDA 33184

The undersigned incorporators (s) has (have) executed these Articles of Incorporation this JANUARY 24TH, 2002.



Signature



Signature

Signature

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

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submit the following statement designating the Registered Office/Registered Agent in the State of Florida.

1.- The name of the Corporation is:

LILYSAN CORP.

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

NAME: SANTIAGO SALVADOR SALAZAR

ADDRESS (P.O.BOX Not Acceptable):

11995 SW 6TH. STREET
CITY/STATE/ZIP:

MIAMI, FLORIDA 33184

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 appointments 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 24TH. 2002

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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