

P03000057130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

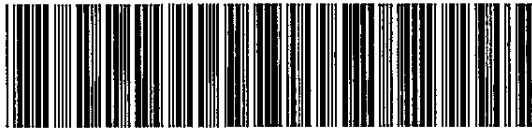
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300016778943

05/23/03 10:10:59 AM \*\* 78 75

FILED

2003 MAY 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03 MAY 23 AM 12:25

DIVISION OF CORPORATIONS

✓ 5/23/03

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

**FILED**

**2003 MAY 23 PM 1:13**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

OFFICE USE ONLY

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

1. A PLUS CONSULTANT ASSOCIATES, 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 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

Examiner's Initials

## ARTICLES OF INCORPORATION

**FILED**

2003 MAY 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

### ARTICLE I NAME

The name of the corporation shall be:

**A PLUS CONSULTANT ASSOCIATES, INC.**

### ARTICLES II PRINCIPAL OFFICE

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

**8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265**

### ARTICLES III SHARES

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

**500 SHARES \$ 1.00 PAR VALUE**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ADRIANO R.MARTINEZ  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265**

**ARTICLES V INCORPORATE(S)**

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

ADRIANO R. MARTINEZ  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265

PRESIDENT, DIRECTOR

MABEL G. MARTINEZ  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265

SECRETARY, TREASURER, DIRECTOR

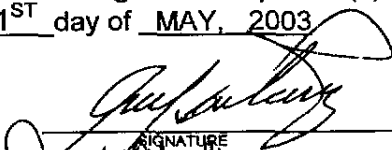

**ARTICLE VI DIRECTOR (S)**

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

ADRIANO R. MARTINEZ  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265

MABEL G. MARTINEZ  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FL 33144-4265

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this  
21<sup>ST</sup> day of MAY, 2003

	SIGNATURE	ADRIANO R. MARTINEZ	PRESIDENT, DIRECTOR
	SIGNATURE	MABEL G. MARTINEZ	SECRETARY, TREASURER, DIRECTOR
<hr/>			
SIGNATURE			

**Articles of Incorporation**  
**Filing Fee - \$35.00**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

**A PLUS CONSULTANT ASSOCIATES, INC**

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

ADRIANO R. MARTINEZ  
(Name)

8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
(PO Box not acceptable)

MIAMI, FL 33144-4265  
(City/State/Zip)

FILED  
2003 MAY 23 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

✓  
ADRIANO R. MARTINEZ

(Signature)

05/21/2003  
(Date)