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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

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

OFFICE USE ONLY

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

1. ISTURIZ & ASSOCIATE INCORPORATED  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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- ☐ 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

I, THE UNDERSIGNED, IN ORDER TO FORM A CORPORATION FOR THE PURPOSES HEREINAFTER STATED, UNDER AND PURSUANT TO THE PROVISIONS OF THE SEVERAL ACTS OF LEGISLATURE OF THE STATE OF FLORIDA, DO HEREBY SUSCRIBE TO THIS CERTIFICATE OF INCORPORATION.

FIRST: THE NAME OF THE CORPORATION SHALL BE:

**ISTURIZ & ASSOCIATE INCORPORATED**

THE CORPORATION PRINCIPAL OFFICE AND ITS MAILING ADDRESS WILL BE AS FOLLOWS:

1749 Bay Drive No.7 Miami Fl 33141

SECOND: THE EXISTENCE OF THE CORPORATION SHALL BE PERPETUAL. CORPORATE EXISTENCE SHALL BEGIN UPON THE FILLING OF THE ARTICLES OF INCORPORATION BY THE DEPARTMENT OF STATE.

THIRD: 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.

FOURTH: THIS CORPORATION IS AUTHORIZED TO ISSUE A MAXIMUN OF FIVE HUNDRED ( 500 ) SHARES OF STOCK. THE SHARES OF STOCK AUTHORIZED SHALL BE COMMON STOCK HAVING A PAR VALUE OF ONE AND NO/100'S DOLLAR PER SHARE.

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INITIAL STOCKHOLDERS ARE:

NAME	POST OFFICE	NO. OF SHARES
WILFREDO ISTURIZ	1749 Bay Drive No.7 Miami Beach, Fl 33141	250
RAIZA E. GUILLEN	2731 SW 130 <sup>th</sup> TERRACE MIRAMAR, FLORIDA, 33027	250

FIFTH: THE CORPORATION'S INITIAL REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA SHALL BE:

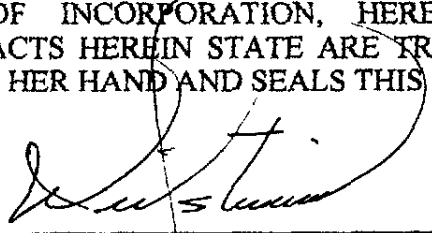
RAIZA E. GUILLEN: 2731 S.W. 130 TERRACE, MIRAMAR, FL. 33027

SIX: THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS OF NOT FEWER OF ONE, NOR MORE THAN FIVE DIRECTORS. THE NAME AND ADDRESS OF INITIAL BOARD OF DIRECTORS ARE:

OFFICE	NAME	POST OFFICE
PRESIDENT	WILFREDO ISTURIZ	1749 Bay Drive No.7 Miami, FLORIDA 33141

THE MEMBERS OF THIS BOARD OF DIRECTORS HOLD OFFICE UNTIL THE FIRST ANNUAL MEETING OF THE STOCKHOLDERS OF THE CORPORATION OR UNTIL THEIR SUCCESSORS ARE ELECTED AND SHALL HAVE QUALIFY.

THE UNDERSIGNED, BEING EXECUTER OF THESE ARTICLES OF INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION FOR PROFIT AND TO DO BUSINESS BOTH WITHIN AND WITHOUT THE STATE OF FLORIDA, DO HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE THESE ARTICLES OF INCORPORATION, HEREBY DECLARING AND CERTIFYING THAT FACTS HEREIN STATE ARE TRUE AND ACCORDINGLY HAVE HEREUNTO SET HER HAND AND SEALS THIS 18<sup>TH</sup> OF FEBRUARY 2004.

  
\_\_\_\_\_  
WILFREDO ISTURIZ  
1749 Bay Drive No.7.  
Miami, Fl 33141

STATE OF FLORIDA )

COUNTY OF DADE

BE IT REMEMBERED THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE OF FLORIDA, COUNTY OF BROWARD TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED LUISA V. GUILLEN TO KNOWN TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT FOR THE PURPOSE THEREIN EXPRESSED AND SHE ACKNOWLEDGED BEFORE ME THAT SHE EXECUTED SAID INSTRUMENT. WITNESS MY HAND, OFFICIAL SEAL AT MIRAMAR, BROWARD COUNTY, FLORIDA THIS 11<sup>TH</sup>. DAY OF FEBRUARY 2004.

NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE.

MY COMMISSION EXPIRES :

CERTIFICATED DESIGNATING REGISTERED  
AGENT FOR SERVICE OF PROCESS

PERSUANT TO CHAPTER 48.091, FLORIDA STATUTES, THE  
UNDERSIGNED HEREBY DESIGNATES, RAIZA E. GUILLEN. AS REGISTERED  
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

  
WILFREDO ISTURIZ

THE UNDERSIGNED HEREBY ACCEPTS THE FOREGOING DESIGNATION AS  
REGISTERED AGENT FOR SERVICES OF PROCESS WITHIN THE STATE OF  
FLORIDA, AND AGREES TO COMPLY THE PROVISIONS OF THE LAW  
APPLICABLE TO SAID DESIGNATION.

  
RAIZA E. GUILLEN