

P10000022239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

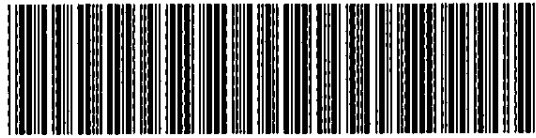
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/11/10--01026--018 \*\*78.75

RECEIVED  
10 MAR 11 PM 1:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2010 MAR 11 A 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-12-10  
WC

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. BIG JAKE'S PLACE INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.06     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

#### NEW FILINGS

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

#### AMENDMENTS

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

#### OTHER FILINGS

- Annual Report  
 Fictitious Name

#### REGISTRATION/QUALIFICATION

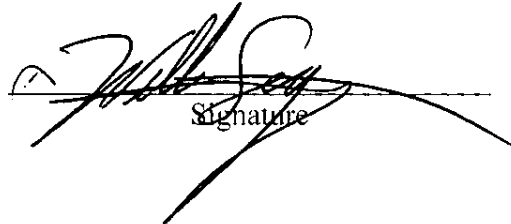
- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials



The undersigned incorporator has executed these Articles of incorporation this 10<sup>TH</sup> day of MARCH 2010.

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Signature

**ARTICLE VI - DIRECTOR(S)**

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

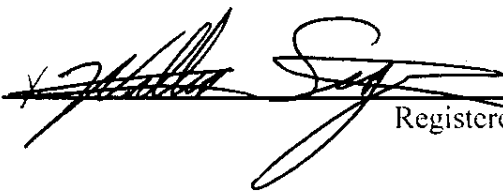
WILLIAM A. SEGOVIA  
19763 SW 129 CT MIAMI, FL 33177

PRESIDENT

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

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent

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Registered Agent Signature