

P95000002726

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

JULIUS STUBBS  
-01/23/95--01064--006  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

(904)385-6735

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

1. STEPHENSON'S EQUIPMENT SERVICE, 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

FILED  
95 JAN 11 PM 1:33  
RECEIVED  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

11/11/95

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
STEPHENSONS' EQUIPMENT SERVICE, INC.

FILED  
95 JUN 11 PM 1:33  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE  
NAME

The name of the corporation is STEPHENSONS' EQUIPMENT SERVICE, INC. and the principal office is located at 23400 S. W. 147 Avenue, Homestead, FL 33032.

ARTICLE TWO  
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE  
PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR  
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE  
REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 15600 S. W. 288 St., Suite 305, Homestead, FL 33033. The name of the initial registered agent at such address is Robert E. Carlson.

ARTICLE SIX  
PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

ARTICLES

PAGE 2

ARTICLE SEVEN  
DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than eleven.

The name and address of initial Directors of the Board is:

| <u>NAME</u>         | <u>ADDRESS</u>                                |
|---------------------|---|
| Glenn A. Stephenson | 23400 S. W. 147 Avenue<br>Homestead, FL 33032 |
| John Stephenson     | 23400 S. W. 147 Avenue<br>Homestead, FL 33032 |

INCORPORATORS

The name and address of the incorporator is:

| <u>NAME</u>       | <u>ADDRESS</u>   |
|-------------------|--|
| Robert E. Carlson | 15600 S. W. 288 St., Suite 305<br>Homestead, FL 33033-1200 |

IN WITNESS WHEREOF, I have subscribed my name this 6 day of January, 1995.

Robert E. Carlson  
Robert E. Carlson, Incorporator

STATE OF FLORIDA:  
: SS  
COUNTY OF DADE :

On this 6 day of January, 1995, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Robert E. Carlson, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Sylvia S. Adams  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

SYLVIA S. ADAMS  
My Comm Exp. 5/25/96  
Bonded By Service Ins  
No. CC203430  
☒ Personally Known ☐ Other I.D.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 STEPHENSONS' EQUIPMENT SERVICE, INC.
2. The name and address of the registered agent and office is Robert E. Carlson, 15600 S. W. 288 St., Suite 305, Homestead, FL 33033-1200.

Robert E. Carlson  
Robert E. Carlson, Incorporated  
1-6-95  
Date

TALLAHASSEE, FLORIDA

25 JAN 11 PM 1:33

FILED

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

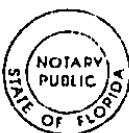
Robert E. Carlson  
Robert E. Carlson, Registered Agent  
1-6-95  
Date

State of Florida  
County of Dade

The foregoing instrument was acknowledged and sworn to before me this 6 day of January, 1995.

[Signature]  
Notary Public

My Commission Expires:



SYLVIA S. ADAMS  
My Comm Exp. 5/25/96  
Bonded By Service Ins  
No. CC203430  
☒ Personally Known ☐ Other L.O.