

19500004434

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

(904) 385-6735

71000188037  
-01/24/95--01086--003  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. Diversified Benefits, Diversified Capital & Diversified Marketing  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 1:29

SAC

Examiner's Initials

ARTICLES OF INCORPORATION

OF

DIVERSIFIED BENEFITS, DIVERSIFIED CAPITAL & DIVERSIFIED MARKETING, INC.

The undersigned Incorporator(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:

DIVERSIFIED BENEFITS, DIVERSIFIED CAPITAL & DIVERSIFIED MARKETING, INC.

ARTICLE II PRINCIPAL OFFICE

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

8672 Bird Road # 202, Miami, Florida, 33155-3216

ARTICLE III CAPITAL STOCK

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

*Henry Montoya*  
HENRY MONTOYA

8672 Bird Road # 202  
Miami Fl 33155-3216

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 1:29

ARTICLE V INCORPORATOR(S)

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

Henry Montoya

8672 Bird Road # 202  
Miami, FL, 33155-3216

The undersigned has(have) executed these Articles of Incorporation this

December day of 05, 19 94.

*Henry Montoya* President,  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: \_\_\_\_\_  
DIVERSIFIED BENEFITS, DIVERSIFIED CAPITAL & DIVERSIFIED MARKETING, INC.

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

HENRY MONTOYA  
(NAME)  
8672 Bird Road # 202  
(P.O. BOX NOT ACCEPTABLE)  
Miami - Fla, 33155-3216  
(CITY/STATE/ZIP)

SIGNATURE Henry Montoya *Henry Montoya*  
(corporate officer)  
TITLE President,  
DATE December 5, 1994.-

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.

SIGNATURE *Henry Montoya*  
DATE December 5, 1994.-

REGISTERED AGENT FILING FEE: \$35.00

FILED  
SECRETARY OF STATE  
CORPORATION DIVISION  
95 JAN 18 PM 1:29