P9500004963

OFFICE USE ONLY (Document O)	
LAZARUS CORPORATE INDUSTRIES, INC.	
(Requestor's Name) 890 S.W. 87 AVENUE #16	
(Address) MIAMI, FLORIDA 33174 (305)552-59 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	_n1/24/95U1134***U32
(904)385-6735	OFFICE USE ONLY
1. A LINA CO.	UMBER(S) (if known):
?(Corporation Name)	(Document #)
3. (Curporation Name)	(Document #)
(Corporation Name) 4.	(Document #)
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CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 18, 1995

LAZARUS CORPORATE INDUSTRIES, INC.

TALLAHASSEE, FL

SUBJECT: ALINA CO.

Ref. Number: W95000001240

We have received your document for ALINA CO. and check(s) totaling \$. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 295A00002059

ARTICLES OF INCORPORATION

0F

DORIS CO.

95 JAN 19 PN 3: 56

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DORIS CO.

ARTICLE 11

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perperual succession by its corporate name;

ARTICLE IV.

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be: AURORA A. VILLAGOMEZ

7450 MIAMI LAKES DR. C-207 MIAMI LAKES, FL. 33014

The Principal office shall be:

4

7824 N.W. 20 CT. SUNRISE, FL. 33322

ARTICLE VI

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The initial Board of Directors shall consider of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: AURORA A. VILLAGOMEZ
7450 MIAMI LAKES DR. C-207
MIAMI LAKES, FL. 33322

The name and address of the incorporator executing these Articles of Incorporation is:

AURORA A. VILLAGOMEZ 7450 MIAMI LAKES DR. C-207 MIAMI LAKES, FL. 33014

55.

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 17 day of JANUARY, 1995.

STATE OF FLORIDA

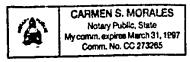
COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared AURORA A. VILLAGOMEZ known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 17 day of JANUARY 1995.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: DORIS CO.
ž.	The name and address of the registered agent and office is:
	AURORA A. VILLAGOMEZ
	(NAME)
	7450 MIAMI LAKES DR. C-207
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	MIAMI CAKES, FL. 33014
	(CITY/STATE/ZIP)

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 / LUTOTO VILLAGOMOS

DATE 1/17/95

S JAN 19 PN 3: 56

PLEASE	READ ALL INSTRUCTION	IS BEFORE COMPLETING THIS FORM.
APPLICATION FOR PREINSTATEMENT	FLORIDA DEPARTA Sandra R. M Secretary of Division of con	IENT OF STATE Iortham I State
DOCUMENT # PS	9500C0U4963	96 NOV 21 FH 12: 4(1)
DORIS CO.		SECRETARY OF STATE
Principal Place of Business	Malling Address	TALL AHASSEE FLURIDA
7824 N.W. 20114 CT. Summise fl 22014	7824 A.W. 2014 CT. SUMMINE FL 2014	
If above addresses are incorrect in any wa . Now Principal Office Address, If Applicab	sy, line through incorrect information and ent ble 3 New Mailing Office Ardress,	REINSTATEMENT 96 a. M Applicable 4. Date Incorporated or Qualified
LADI. W. etc. W. 38Th	PL Suite, Apt. W, etc.	To Do Business in Fiorida 01/19/1985 5. FEI Number
ity & State It is a least Country	City & State	65-05 4019 Applicab
<u> +4 330 .</u>	2 Zip Cour ficer and/or Director (Florida nonprofit corpo	CERTIFICATE OF STATUS DESIRED
(itle(s) Name of Office and/or Direct	clors S	treet Address of Each
PD VILLAGOMEZ, AURORA A		Use Fost Office Box Numbers) 4 City / State / Zip WES DR. C-367 MAIN LAVES FL. 33322
		-11/26/9601039020 ****375.00 ****375.00
8. Name and Address of Co	urrent Registered Agent	9. Name and Address of New Registered Agent
VILLAGOMEZ, AURORA A 7450 MAMI LAKES DR. C-207 MAMI LAKES FL 33014	·	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.
I, being appointed the registered agent of a	ing of the named corporation, am familiar wi	City SUNYISE State 7:10 Code FL 33322
teture of istered Agent	REGISTATED AGENT JUST SIGN	Date 1.0/10/16
- opt. of Neverlue dilder	ay any intangible tax to the r S. 199.032, Florida Statu	tes. Yes No No on intangible tax.)
	receiver or trustee empowered to execute to dissolution has been eliminated, the corpor of the names of individuals listed on this form my eigneture shall have the same legal effect.	his application as provided for in chapter 607 or 617, F.S. I fur her certify that when filling ale name satisfies the requirements of section 607.0401 or £ (7.0401, F.S., that all fees do not qualify for an exemption under section 119.07/3,(i), F.S. The information indicated t as if made under oath.
NATURE: SIGNAVIRE AND TYPED OF	TA DILGO THE PRINTED NAME OF SIGNING OF PLOS O	10 lula

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