

P95000006992

OFFICE USE ONLY (Do not fill in)

HAZARD CORPORATE INDUSTRIES, INC.
(Requestor's Name)
870 S.W. 87 AVENUE #16
(Address)
MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE

600001394036
-01/31/95--01070--013
****122.50 ****122.50

OFFICE USE ONLY

(904) 385-6735

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

1. PROFESSIONAL SERVICES 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

FILED
55 JAN 26 PM 2:39
TALLAHASSEE FLORIDA

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

[Handwritten signature]

Examiner's Initials

ARTICULOS OF INCORPORATION
OF

PROFESSIONAL SERVICES, INC.

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:
PROFESSIONAL SERVICES INC.

ARTICLE II

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 perpetual succession by its corporate
name:

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55 JUN 25 PM 2:39

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

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:

ANA GUTIERREZ
1550 W. 49th STREET
HIALEAH FL. 33012

The Principal office shall be:

SAME
1550 W 49th STREET
HIALEAH, FL 33012

ARTICLE VI

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

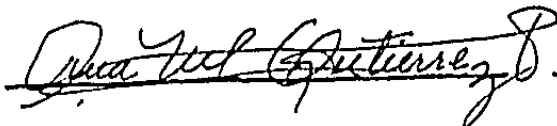
ANA GUTIERREZ
8550 S.W. 149 Avenue
Miami FL. 33193

President

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

ANA GUTIERREZ
1550 W. 49th Street
Hialeah Fl. 33012

IN WITNESS WHEREOF, the undersigned incorporator has
(ve) executed these Articles of Incorporation this 19 day
of January, 1995.

_____

STATE OF FLORIDA }
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknow-
ledgements in the state and county set forth above, personally
appeared _____ 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 _____ day of _____, 19____.

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

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: PROFESSIONAL SERVICES INC.

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

1550 W. 49th Street, Hialeah Florida 33012 Ana Gutierrez
(NAME)

(P.O. BOX NOT ACCEPTABLE)

(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

Ana Gutierrez

DATE January 19, 1995

Charter Number Only

PP500000006992

INATION
ONLY

LAZARUS CORPORATE INDUSTRIES

Requestor's Name

890 S.W. 87 Ave. Suite 16

Address

MIAMI FL 33165 305-552-5973

City State ZIP Phone

local rep. TERESA ROMAN 385-6735

CORPORATION(S) NAME

Professional Services, Inc.

Amie

RECEIVED
95 MAR 31 PT 3 16 05 PM '95
SECRETARY OF THE
DEPARTMENT OF REVENUE
FLORIDA

() Profit

() NonProfit

(x) Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

(x) Walk In

() Will Wait

(x) Pick Up

() After 4:30

() Mail Out

Name	5/31/95
Availability	
Document	ADH
Examiner	
Updater	ADH
Verifier	ADH
Acknowledgment	ADH
W.P. Verifier	ADH

CR2E031 (RB-85)

400308, 00524, 00544, 00672



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

May 30, 1995

Lazarus Corporate Industries
890 S.W. 87 Ave
Suite 16
Miami, FL 33165

SUBJECT: PROFESSIONAL SERVICES INC.
Ref. Number: P95000006992

We have received your document for PROFESSIONAL SERVICES INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Please correct the name in the heading to remove the comma and to delete the words "the same as above".

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan
Corporate Specialist

Letter Number: 395A00027032

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

PROFESSIONAL SERVICES INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

WE ARE ADD CAPITAL STOCK OF CORPORATION, WHICH WILL READ
AS FOLLOW:

500 SHARES TEN DOLLARS PER VALUE.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

FILED
95 MAY 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIRD: The date of each amendment's adoption: 05-25-95

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

* The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25 day of MAY, 19 95.

Signature *[Handwritten Signature]*
(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

AAA Gutierrez
Typed or printed name

President
Title