

# P95000009789

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

OFFICE USE ONLY

95 FEB - 6 PM 3:23  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

(904) 385-6735

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

1. ROBERTO VILLASANTE, P.A.  
(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               |

789  
614  
524-621  
671  
2-6  
KAN

Examiner's Initials

KAN



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 3, 1995

LAZARUS

MIAMI, FL

SUBJECT: ROBERTO VILLASANTO, P.A.  
Ref. Number: W95000002557

We have received your document for ROBERTO VILLASANTO, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

YOU MUST REFER TO CHAPTER 621 FLORIDA STATUTE IN YOUR PREAMBLE.

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) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 195A00004748

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION  
OF

95 FEB -6 PM 3:23

Roberto Villasanto, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida PROFESSIONAL CORPORATION ACT CHAPTER 621 hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Roberto Villasanto, P.A.

ARTICLE II

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

44 West Flagler Street, Suite 1700  
Miami, Florida 33130

ARTICLE III

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

500 Shares (Five Hundred) @  
\$1( One Dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Roberto Villasante  
44 West Flagler Street, Suite 1700  
Miami, Florida 33130

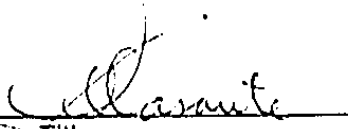
Nature of Business: Attorney

ARTICLE V INCORPORATOR(S)

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

Roberto Villasante  
44 West Flagler Street, Suite 1700  
Miami, Florida 33130

The undersigned has(have) executed these Articles of Incorporation this 20th day as of January, 1995.

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

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

Pursuant to the provisions of Section 607.325, Florida Statute, 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:  
Roberto Villasante, P.A.

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

Roberto Villasante, P.A.  
44 West Flagler Street, Suite 1700  
Miami, Florida 33130

Signature Roberto Villasante

Title \_\_\_\_\_

Date \_\_\_\_\_

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

Signature Roberto Villasante

Date \_\_\_\_\_