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Other

Examiner's Initials

CR219031(9/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 3, 1995

LAZARUS

MIAMI, FL

SUBJECT: IAT INC

Ref. Number: W95000002556

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

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) 487-6931.

Steven Godfrey Corporate Specialist

Letter Number: 695A00004747



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 9, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE #16 MIAMI, FL 33174

SUBJECT: IAT OF MIAMI INC. Ref. Number: W95000002556

We have received your document for IAT OF MIAMI INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6915.

Kevin Nickens Document Specialist

Letter Number: 895A00005816

ARTICLES OF INCORPORATION 95 FEB 10 PH 2:06

IAT ENTERPRISES OF MIAMI 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:

IAT ENTERPRISES OF MIAMI INC.

ARTICLE II PRINCIPAL OFFICE

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

6 PALFRIMO AUE. SUITE ZOI CORAL GADILIS, FL. 33134

ARTICLE III SHARES

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

SHARES:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARMANDO MONTANA
6 PALERMO AUE #201
COTAL GABLLI, Fl. 33134

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation interest.

MARIANA DE BEDOUT

6 PALLERMO AUG. 50,72 201 COTTAL GABLES, FL. 33134

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

Z day of FED 1995.

Articles of Incorporation Filing Fee - \$35

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 _____IAT_ENTERPRISES OF MIAMI INC.

2. The name and address of the registered agent and office is:
HIZMANDO MONTHAR
(NAME)
C PALLIZMO AUS # 201
(P.O. BOX NOT ACCEPTABLE)
COPAL GABLES, FL. 33134 (CITY/STATE/ZIP)
(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 PERFICONS OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGNMONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE DATE DATE DATE DATE