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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

OFFICE USE ONLY

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

1. SABORES CHILENOS CORP
(Corporation Name) (Document #)
2. CHILEAN FLAVORS, CORP
(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	
☑	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
95 FEB 24 PM 3:53
FLORIDA DEPARTMENT OF STATE

Examiner's Initials	

CR2E031(9/92)

FILED
05 FEB 24 P 3:00
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SABORES CHILENOS, CORP.

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.

A R T I C L E I

The name of the Corporation shall be:

SABORES CHILENOS, CORP.

A R T I C L E 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.

A R T I C L E III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

A R T I C L E IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual par value of $1.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY:

CARLOS A GRANIZO
10920 W. FLAGLER ST. SUITE 204
MIAMI, FL 33174

A R T I C L E V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

INGRID I ENCINA
100 SW 110 AVENUE # 106
MIAMI FL 33174

A R T I C L E VI

The initial Board of Directors shall consist of a total of one person and the name of the one person who is to serve as initial directors is:

INGRID I ENCINA PRESIDENT/TREASURE

A R T I C L E VII

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

INGRID I ENCINA
100 SW 110 AVENUE # 106
MIAMI FL 33174

(P) _____
INGRID I ENCINA

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this ___17TH___ day of___FEBRUARY_____, 1995.

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, a Notary Public, authorized to take acknowledgments in the state and county set forth above, personally appeared INGRID I ENCINA, known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he 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 __17TH___ day of__February_____, 1995.

_____
CARLOS GRANIZO
NOTARY PUBLIC, State of Florida
at Large.

My Commission Expires:

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That SABORES CHILENOS, CORP.
(Name of Corporation)

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of MIAMI County of DADE

State of Florida has named INGRID I ENCINA
(Name of Register Agent)

located at 100 SW 110 AVENUE # 106
(Street address and number of building, Post Office Box address not acceptable)

City MIAMI, County of DADE

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

FILED
93 FEB 24 PM 3:09

By: _____
INGRID I ENCINA
Register Agent