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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

OFFICE USE ONLY

RECEIVED
CORPORATION
95 FEB 27 PM 1:26

(904) 385 6735

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

1. Consolidated Management & Staffing, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time 1:26

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy 11111111111111111111
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****125.00 ****125.00
☐ 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/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

287
KJN

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 1:26

WE, the undersigned, hereby associate ourselves together for the purpose of becoming a Corporation under the laws of the State of Florida providing for the formation of a Corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, and we hereby make, subscribe and acknowledge and file with the Secretary of the State of Florida these Articles of Incorporation; and to that end we do, by these Articles, set forth:

ARTICLE I

The name of this Corporation (Which is hereinafter called the " Corporation " is:

Consolidated Management & Staffing, Inc.

ARTICLE II

This Corporation shall exist perpetually. Corporate existence shall begin on the day upon which these Articles are approved by the Secretary of the State of Florida.

ARTICLE III

The purpose of this Corporation is to transact any or all lawful businesses for which Corporations may be incorporated under Chapter 607 of the Florida Statutes.

ARTICLE IV

This Corporation is authorized to issue Five Hundred (500) Shares of Common Stock, which said shares shall have a par value of Ten (\$ 10.00) Dollars per share upon issuance.

ARTICLE V

The principal place of business of this Corporation shall be at 17,000 N.W. 54th Avenue, Miami, Florida with the privilege of having branch offices within and without the State of Florida.

ARTICLE VI

The initial registered agent of this Corporation upon whom process may be served is Marisol Llerena and the initial registered office is located at 17,000 N.W. 54th Avenue, Miami, Florida

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ARTICLE VII

This Corporation shall have one director (s) initially. The number of directors shall be fixed by the bylaws and may be changed from time to time.

ARTICLE VIII

The name and street addresses of the initial director(s) of this Corporation are: Marisol Llerena, 17,000 N.W. 54th Avenue, Miami Florida

The aforesaid director(s) shall hold office for the first year of this Corporation's existence or until a successor is chosen as provided for in the bylaws.

The initial officers of this Corporation and their addresses are:

President: Marisol Llerena, 17,000 N.W. 54th Avenue, Miami, Florida

Vice President: Not Elected Yet


Treasurer: Not Elected Yet

Secretary: Marisol Llerena, 17,000 N.W. 54th Avenue, Miami, Florida

ARTICLE IX

The name and street address of the incorporator(s) is/are:
Marisol Llerena, 17,000 N.W. 54th Avenue, Miami, Florida

The undersigned has(have) executed these Articles of Incorporation
this 13th day of FEBRUARY, 19 91


Signature Title
Marisol Llerena

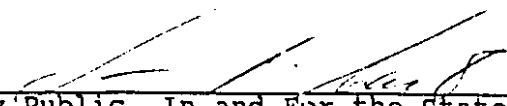
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State of Florida)
County of Dade)

The foregoing Articles of Incorporation was acknowledged before me
on 5-13-91 by Marisol Llerena _____

known to me to be the incorporator (s) of Consolidated Management
& Staffing, Inc. _____

and Marisol Llerena _____ acknowledged and agreed
to the designation and duties of Registered Agent for the above
mentioned Corporation that is being organized under the laws of
the State of Florida.



Notary Public, In and For the State of
Florida, At Large

Expiration: _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. MAR. 31, 1995
BONDED THRU GENERAL INS. UND.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Consolidated Management & Staffing, Inc. _____
2. The name and address of the registered agent and office is:
____ Marisol Llerena, 17,000 N.W. 54th Avenue, Miami, Florida

Signature: X *Marisol Llerena*
Corporate Officer

Title: _____ President _____

Date: _____ 2-13-95 _____

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.

Date: _____ 2-13-95 _____

X *Marisol Llerena*
Registered Agent
Marisol Llerena