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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. S.A. SUPPLIES 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

| 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               |

3-2  
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ARTICLES OF INCORPORATION OF S.A. SUPPLIES INC.

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE ONE

THE NAME OF THE CORPORATION SHALL BE S.A. SUPPLIES INC.

ARTICLE TWO

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 377-A NW 36th. St., Miami, Fl. 33142

ARTICLE THREE

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 100 shares, \$5.00 each (Total \$500.00, Five Hundred 00/100 Dollars).

ARTICLE FOUR

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

Maura Aguero, 766 SW 10 th. Place, Hialeah, Fl. 33010

ARTICLE FIVE

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS :

Maura Aguero, President, 766 SW 10th. Place, Hialeah, Fl. 33010

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

24th DAY OF February, 1995.

X Maura Aguero - President  
SIGNATURE/TITLE

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
SIGNATURE/TITLE

STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI  
RECEIVED  
FEB 24 1995  
2:28 PM

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

IN ACCORD TO THE PROVISIONS OF SECTION 607.0801, FLORIDA STATUTES, THE  
SIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
MAKES THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
AGENT/REGISTERED AGENT, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

S.A. SUPPLIES, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Maura Aguiar, 766 SW 10th Place, Hialeah, FL 33010  
NAME

766 SW 10th. Place  
ADDRESS

Hialeah, FL 33010  
CITY/STATE/ZIP

SIGNATURE

TITLE President

February 24, 1995.

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

DATE February 24, 1995