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OFFICE USE ONLY (Document #)				
LAZARUS CORPORATE IN	DUSTRIES, INC.			9
(Requestor's Name)		ĺ	00 Tinn	<u> </u>
890 S.W. 87 AVENUE #	16			
(Address)			رخ:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
MIAMI, FLORIDA 331	74 (305)552-5973		ئ	> ଅଧିକୃ
(City, State, Zip)	(Phone #)		-	23 P
LOCAL REPRESENTATIVE	TALLAHASSEE		-	252
(904)385-6735		OFFICE USE ONLY		2: 59,
CORPORATION NAME (C)	0	····		W 15
CORPORATION NAME(S)	& DOCUMENT NUMB	ER(S) (if known);		
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Other

Examiner's Initials

CR2E031(9/92)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 MAR -9 PH 2:59

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:

LARAPARTS CORP.

ARTICLE II PRINCIPAL OFFICE

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

MIAMI, FLORIDA - 340 SEVILLA AVE. CORAL GABLES, FL. 33134

ARTICLE III SHARES

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

TWELVE (12)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VLADIMIR CRUZ 6415 SW 127Th PL. MIAMI, EL. 33183

ARTICLE V INCORPORATOR(S)

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

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

-1 7.		
8 th	_day ofMARCH	_, 19_95.
	di de Ca	
	Signature /	
	2 Crist	•
	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

LARAPARTS

Corr

1. The name of the corporation is:____

2. The name an	nd address of the registered agent and office is:	
<u> </u>	YLADIMIR CRUZ	
	(Name)	
	6415 SW 127 12 PL	
	(P.O. Box not acceptable)	•
	MIAMI FL, 33/83	
	(City/State/Zip)	•
Having been nar above stated cor the appointment to comply with the mance of my duth as registered age	med as registered agent and to accept service of proces rporation at the place designated in this certificate, I her as registered agent and agree to act in this capacity. I l he provisions of all statutes relating to the proper and co ies, and I am familiar with and accept the obligations of lent.	s for the eby accept further agree mplete perfo my position
	Signature) 3/8/5.	