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LAZARUS CORPORATE INDUSTRIES, INC.	·	· 2
(Haquestur's Name) 890 S.W. 87 AVENUE #16		95 15 15
MIAMI, FLORIDA 33174 (305)552-5973		13 C.
(City, State, Σρ) (Phone #)  LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY	41. 35. 35. 35. 35. 35. 35. 35. 35. 35. 35
CORPORATION NAME(S) & DOCUMENT NUM	1BER(S) (if known):	95 Mig 13 Fit 1:56
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Examiner's Initials

CR2E031(9/92)

#### ARTICLES OF INCORPORATION

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OF

SOLTEL INC.

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.

#### ARTICLE I

The name of this corporation shall be:

SOLTEL INC.

#### ARTICLE 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.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
  To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Eliezer Soto

13316 S.W. 116th Court Miami, F1 33176

The Principal office shall be:

13316 S.W. 116th Court Miami, F1 33176

#### ARTICLE VI

The initial Board of Directors shall consist of a total of One (1) person, and the name and address of the person who is to serve as an initial director is:

Eliezer Soto
13316 S.W. 116th Court
Miami, F1 33176
President

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

Eliezer Soto 13316 S.W. 116th Court Miami, F1 33176

	IN WITNESS WH	EREOF, the undersigned inco	rporator has
(ve)	executed these	Articles of Incorporation	this 10th day
of _	March	, 19 <u>95</u> .	

5300-200-49-178-0

STATE OF FLORIDA SS. COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally Eliezer Soto \*PP#2Ted known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) 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 10th day of March \_\_, 19<u>\_</u>95.

AT LARGE

My Commission Expires:



**CARMEN S. MORALES** Notary Public, State My comm, expires March 31, 1997 Comm. No. CC 273265

## 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.

. Th	ne name of the corporation is: SOLTEL INC.
_	
. Th	ne name and address of the registered agent and office is:
	Eliezer Soto
	(NAME)
	13316 S.W. 116th Court
_	(P.O. BOX <u>NOT</u> ACCEPTABLE)
_	Miami, F1 33176
	(CITY/STATE/ZIP)
A \ //4	NO DEEM MANUE AS DESIGNEDED ASSIST AND TO ASSIST
ROC	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN
ND	AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH TH
ORN	/ISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER MANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION AS RECOVERED ACCEPT.
ION:	S OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE Chyn dat
	SIGNATURE AUG
	DATE3-10-95