

P95000022312

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #10

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

RECEIVED
TALLAHASSEE
SECTION OF CORPORATIONS
95 MAR 20 PM 2:24

(904) 385-6735

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

1. CAPE CORAL AMERICA, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☒ 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-03/24/95--01028--001
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ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:24

OF

CAPE CORAL AMERICA, INC.

ARTICLE I

The name of the corporation is:

CAPE CORAL AMERICA, INC.

ARTICLE II

The corporation is organized for the purpose of transacting any or all lawful business under the laws of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that the corporation is authorized to issue are five hundred(500) shares, \$ 1.00 par value each share

ARTICLE IV

The corporation shall have perpetual existence, unless sooner dissolved according to law.

ARTICLE V

The corporation shall have two (2) directors initially. The number of directors of the Corporation may either increase or diminish from time to time by the By-laws, but shall never be less than one (1) director. The name and street address of each member of the initial Board of Directors who shall hold office for the first year of existence of the Corporation or until his or her successor is elected or appointed and qualified is:

NAME	ADDRESS
GASTON CANTENS	11890 S.W. 8 ST. # 401 MIAMI, FL. 33184
TERESITA CANTENS	11890 S.W. 8 ST. # 401 MIAMI, FL. 33184

ARTICLE VI

The name and street address of the person signing these Articles of Incorporation is:

NAME _____

ADDRESS

GASTON CANTENS

11890 S.W. 8 ST. # 401
MIAMI, FL. 33184

ARTICLE VII

The street address of the initial registered principal office of the Corporation is 11890 S.W. 8 street Suite 401, Miami, Fl. 33184. and the name of the initial registered agent of the Corporation at that address is Gaston Cantens.

In WITNESS WHEREOF, these Articles of Incorporation have been executed this 17th day of March, 1995.

GASTON CANTENS, Incorporator
DIRECTOR
March 17, 1995

STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

I HEREBY CERTIFY that Gaston Cantens to me personally known, this day acknowledge before me that he executed the foregoing Articles of Incorporation; and I FURTHER CERTIFY that the said person making said acknowledged to be the individual described in and who executed the said instrument.

WITNESS my hand and seal in said County and State aforesaid. this
17th day of March, 1995.

Notary Public

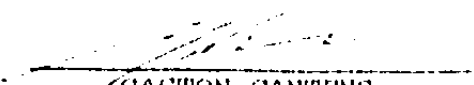
Fanny Borrero

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30/12/1944
31/12/1944

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

IN COMPLIANCE with section 807.034 and 807.325, Florida Statutes, the following is submitted:


FIRST: that CAPE CORAL AMERICA, INC. to organize or qualify under the laws of the State of Florida with its principal place of business at City of Miami, State of Florida, has named Gaston Cantens located at 11890 S.W. 8 Street Suite 401, Miami, State of Florida as its Agent to accept service of process within the State of Florida.


GASTON CANTENS

Director

March 17, 1995

HAVING BEEN named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I HEREBY AGREE to act in this capacity, and I FURTHER AGREE to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


GASTON CANTENS

Director

P950000-22312

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

1110 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

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SECRETARY OF CORPORATIONS
95 MAR 20 PM 2:24

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(Document #)

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(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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Examiner's Initials

4N

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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<u>NAME</u>	<u>ADDRESS</u>
GASTON CANTENS	11890 S.W. 8 ST. # 401 MIAMI, FL. 33184
TERESITA CANTENS	11890 S.W. 8 ST. # 401 MIAMI, FL. 33184

ARTICLE VI

The name and street address of the person signing these Articles of Incorporation is:

NAME

ADDRESS

GASTON CANTENS

11890 S.W. 8 ST. # 401
MIAMI, FL. 33184

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GASTON CANTENS, Incorporator
DIRECTOR
March 17, 1995

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that Gaston Cantens to me personally known, this day acknowledge before me that he executed the foregoing Articles of Incorporation; and I FURTHER CERTIFY that the said person making said acknowledged to be the individual described in and who executed the said instrument.

WITNESS my hand and seal in said County and State aforesaid, this
17th day of March, 1995.

Notary Public
Fanny Barrera

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. FEB. 22, 1959
BONDED THRU CENTRAL INS. CO.

Certificate designating place of business or domicile for the service of process within Florida. naming agent upon whom process may be served.

IN COMPLIANCE with section 807.034 and 807.325, Florida Statutes, the following is submitted:

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GASTON CANTENS

Director

March 17, 1995

HAVING BEEN named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I HEREBY AGREE to act in this capacity, and I FURTHER AGREE to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


GASTON CANTENS

Director

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022312**

1. Corporation Name

CAPE CORAL AMERICA, INC.

Principal Place of Business

11890 S.W. 8TH ST., SUITE 401
MIAMI FL 33184

Mailing Address

11890 S.W. 8TH ST., SUITE 401
MIAMI FL 33184

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11890 S.W. 8 ST.

3. New Mailing Office Address, If Applicable

11890 S.W. 8 ST.

Suite, Apt. #, etc.

SUITE #502

Suite, Apt. #, etc.

SUITE #502

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33184

Country

DADE

Zip

33184

Country

DADE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CANTENS, GASTON	11890 S.W. 8TH ST., SUITE #502	MIAMI FL 33184
D	CANTENS, TERESITA	11890 S.W. 8TH ST., SUITE #502	MIAMI FL 33184
D	CANTENS, FERNANDO	11890 SW 8 ST SUITE 502	MIAMI FL 33184

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8. Name and Address of Current Registered Agent

CANTENS, GASTON
11890 S.W. 8TH ST., SUITE 401
MIAMI FL 33184

9. Name and Address of New Registered Agent

Name
GASTON CANTENS
Street Address (P.O. Box Number is Not Acceptable)
11890 S.W. 8 ST.
Suite, Apt. #, Etc.
SUITE 502
City
MIAMI
State
FL
Zip Code
33184

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date **11/1/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96

Date

305-221-9780

Daytime Phone #

REINSTATEMENT *96 ad*

96 NOV 13 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR02040 (7/96)