

P95000023986

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Respondent's Name)

890 S.W. 177 AVENUE #116

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED STATE
SECRETARY OF CORPORATIONS
55 MAR 24 PM 2:34

(904) 385-6735

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

1. Mobile CAR CARE EXPENSE INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06

☒ 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

Examiner's Initials

3-24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:34

ARTICLES OF INCORPORATION
OF
MOBILE CAR CARE EXPRESS, INC.

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:

MOBILE CAR CARE EXPRESS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9965 SW 157 STREET
MIAMI, FLORIDA 33157

ARTICLE III SHARES

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

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES WITH A NON-PAR VALUE OF PER SHARE COMMON STOCK WHICH SHALL BE DESIGNATED "COMMON SHARES".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELVIS J. CASELY
9965 SW 157 ST.
MIAMI, FL. 33157

ARTICLE V INCORPORATOR(S)

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

ELVIS J. CASELY
9965 SW 157 ST.
MIAMI, FL. 33157

- PRESIDENT/DIRECTOR
REGISTERED AGENT

ANA CASELY
9965 SW 157 ST.
MIAMI, FL. 33157

- VICE PRESIDENT/

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 16 day of February, 19 95.


SIGNATURE

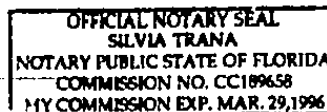

SIGNATURE

STATE OF Florida
COUNTY OF Dade

16 The foregoing instrument was acknowledged before me this day of February 19 95 by E.C. and A.C. who is Name of Applicant personally known to me or who has produced FL. I.D. Type of I.D.

as identification and who did take an oath.

Notary Public Signature Silvia Trana
Commission expires:



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 FL.

1. The name of the corporation is:

MOBILE CAR CARE EXPRESS, INC.

2. The name and address of the registered agent and office is:

ELVIS J. CASELY
(NAME)

9965 SW 157 ST.
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33157
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 POSITIONS REGISTERED AGENT.

REGISTERED AGENT'S SIGNATURE *[Signature]*

DATE 02/16/95

STATE OF Florida
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 16
day of February 1995 by Elvis Casely who is
Name of Applicant
personally known to me or who has produced 17 I.D.
Type of I.D.
as identification and who did take an oath.

Notary Public Signature *Silvia Trana*
Commission expires:

