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OFFICE USE ONLY (Document #) LAZARUS CORPORATE INDUSTRIES, INC. (Haquestor's Name) 890 S.W. 87 AVENUE #16 (Address) MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #) **4.00000144622** 04/03/05-0074-000 LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USB ONLY4 + + + 1 22 . 50 + + + + 1 22 . 50 (904)385-6735 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): CARY'S LOVE & CARE INC. (Corporation Name) (Document #) (Decument #) (Corporation Name) Certified Copy Co (Document #) Walk in Pick up time 2,08 Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ W95-6494 Annual Report QUALIFICATION Fictitious Name Foreign Name Reservation Limited Partnership

Reinstatement

Trademark Other

CR2E031(9/92)

3-23

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 23, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE #16 MIAMI, FL 33174

SUBJECT: CARY'S LOVE & CARE, INC.

Ref. Number: W95000006494

We have received your document for CARY'S LOVE & CARE, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for

In reviewing our records, we note there is a(n) CARY'S LOVE AND CARE INC., Document number S59257, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfiled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1992 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$975.00, therefore, there is a balance of \$852.50 due. Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call

Kevin Nickens Document Specialist

Letter Number: 295A00013215

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>OF</u>

95 HAR 27 PH 3: 18

CARIDAD LOVE & CARE, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CARIDAD LOVE & CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7151 S.W. 3 STREET
MIAMI, FLORIDA 33144

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares all of which shall be common shares with a par value of One (\$1.00) Dollar.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARIDAD CHAVEZ
7151 S.W. 3 STREET

MIAMI, FL 33144

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

100% CARIDAD CHA\'EZ 7151 S.W. 3 STREET MIAMI, FL 33144

The undersigned has(have) executed these Articles of Incorporation this	
day ofMARCH	
Signature / Title	D/P/V/T/S
Signature / Title	
Signature / Title	

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

- 1. The name of the corporation is: CARIDAD LOVE & CARE, INC.
- 2. The name and address of the registered agent and office is:

CARIDAD CHAVEZ, 7151 S.W. 3 STREET (P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33144. (CITY/STATE/ZIP)

SIGNATURE X

(CORPORATE OFFICER)

TITLE: D/P/V/S/T

DATE: MARCH 21, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE & Varidad Olives

DATE: MARCH 21, 1995.