

P95000025892

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED STATE
SECRETARY OF CORPORATIONS
95 MAR 31 PM 3:14

(904) 385-6735

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 200001450872

-04/07/95--01077--012
****122.50 ****122.50

1. Southern Bald Distributor, Corp
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 MAR 31 PM 3:14

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:

SOUTHERN BOLT DISTRIBUTOR, CORP.

ARTICLE II PRINCIPAL OFFICE

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

8408 NW 66 ST MIAMI, FL 33166

ARTICLE III SHARES

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

THREE HUNDRED (300)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN SALAS
8408 NW 66 ST MIAMI, FL 33166

ARTICLE V INCORPORATOR(S)

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


JUAN SALAS
6035 SW 133RD CTR MIAMI FL 33183

GIOVANNI CIPRIANI
8425 NW 8 ST # 402
MIAMI FL 33126

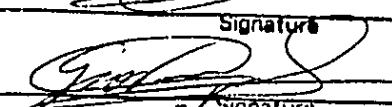
WAI SUN Ng
2780 SW 16 Terr.
MIAMI, FL. 33145

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


30 day of MARCH, 19 95.



Signature



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.

1. The name of the corporation is: SOUTHERN BOLT DISTRIBUTOR, CORP.

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

JUAN SALAS

(Name)

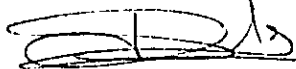
8408 NW 66 ST

(P.O. Box ~~not~~ acceptable)

MIAMI, FL 33166

(City/State/Zip)

Having been named as registered agent and to accept service of 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 position as registered agent.



(Signature)

30 OF MARCH 1995

(Date)

P95000025892

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: WAL SUN NG
Address: 2780 S.W. 16 TERR
MIAMI, FL 33145
Amount: \$35.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim:

There are no provisions in the Florida statutes for the resignation of an Incorporator. For SOUTHERN BOLT DISTRIBUTOR, CORP. #P95000025892

Section: Amend Clerk: VS Date Processed: 7/14/95

CERTIFIED TRUE AND CORRECT this 5 day of July, 1995.

[Signature]
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$35.00.

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01089--005, Dated 06/16/95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE																			
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

P95000025892

WAL SUN NG

(Requestor's Name)

2780 SW 16 Terr.

(Address)

Miami FL 33145

(City, State, Zip)

(Phone #)

100001515871

-06/16/95--01089--005

*****35.00 *****35.00

OFFICE USE ONLY

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input 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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 26, 1995

WAI SUN NG
2780 SW 16 TERR.
MIAMI, FL 33145

SUBJECT: SOUTHERN BOLT DISTRIBUTOR, CORP.
Ref. Number: P95000025892

We have received your document for SOUTHERN BOLT DISTRIBUTOR, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are no provisions in the Florida Statutes for an Incorporator to resign.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 295A00031273

RECEIVED
95 JUL 10 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA