

P95000028444

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 2:19

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)  
890 S.W. 87 AVENUE, SUITE 16  
(Address)  
MIAMI, FLORIDA 33174 (305) 552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE  
(904) 385-6735

OFFICE USE ONLY

SECRETARY OF STATE  
-04/14/95--01042--009  
\*\*\*\*\*78.75 \*\*\*\*\*79.75

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

1. Annut Coeplis Creations, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:10 ☐ 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 Kan

ARTICLES OF INCORPORATION  
OF  
ANNUIT COEPTIS CREATIONS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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ARTICLE I

The name of the corporation is ANNUIT COEPTIS CREATIONS, INC.

ARTICLE II

The corporation shall have the power to engage in any lawful activity for which corporations may be organized under the Laws of the State of Florida.

ARTICLE III

The duration of the corporation shall be perpetual.

ARTICLE IV

The aggregate number of shares that the corporation shall have authority to issue is one thousand (1000) shares of One (\$1.00) Dollar par value each. All such shares shall be of a single class, designated as common.

ARTICLE V

Each holder of common shares shall have one vote for each such share held of record on all matters submitted for shareholder approval. Except as otherwise specifically required by law, or except as specifically provided in these articles of incorporation or in any voting agreement to which all shareholders are party, all matters requiring shareholder approval shall require an affirmative vote of a majority of the shares voting thereon. The holders of the common shares shall have unlimited voting rights and the right to receive the net assets of the corporation upon its dissolution.

At each election of directors, no shareholder shall be entitled to cumulate his or her votes in voting for the election of directors.

#### ARTICLE VI

The corporation elects to have preemptive rights.

#### ARTICLE VII

The corporation shall indemnify to the fullest extent permitted by the Florida Business Corporation Act any person who has been made, or is threatened to be made, a party to an action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise (including an action, suit or proceeding by or in the right of the corporation), by reason of the fact that the person is or was a director or officer of the corporation, or a fiduciary within the meaning of the Employee Retirement Income Security Act of 1974 with respect to an employee benefit plan of the corporation, or serves or served at the request of the corporation as a director, or as an officer, or as a fiduciary of an employee benefit plan, of another corporation, partnership, joint venture, trust or other enterprise. In addition, the corporation shall pay for or reimburse any expenses incurred by such persons who are parties to such proceedings, in advance of the final disposition of such proceedings, to the full extent permitted by the Florida Business Corporation Act.

#### ARTICLE VIII

No director of the corporation shall be personally liable to the corporation or its shareholders for monetary damages for conduct as a director; provided that this Article does shall not eliminate the liability of a director for any act or omission for which such elimination of liability is not permitted under the Florida Business Corporation Act. No amendment to that Act that further limits the acts or omissions for which elimination of liability is permitted shall affect the liability of a director for any act or omission which occurs prior to the effective the of such amendment.

#### ARTICLE IX

The bylaws of the corporation may be amended by majority vote of either the directors or the shareholders.

#### ARTICLE X

The number of directors of the corporation shall be fixed by the bylaws of the corporation. The initial board of directors shall consist of three (3) directors whose name and addresses are as follows:

RUBEN GATTAMORTA  
9375 Fontainebleau Blvd. Unit L-217  
Miami, Florida 33172

ARMANDO GATTAMORTA  
3360 S. W. 139th Avenue  
Miami, Florida 33175

ALBERTO J. PARLADE  
3850 S.W. 87th Avenue  
Suite 207  
Miami, Florida 33175

#### ARTICLE XI

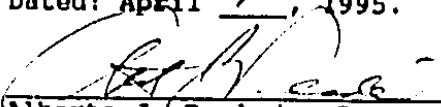
The initial <sup>Principal</sup> registered agent of the corporation is Alberto J. Parlade, Esquire. The street address of the corporation's initial registered office is 3850 S.W. 87th Avenue, Suite 207, Miami, Florida 33165.

#### ARTICLE XII

The name and address of the incorporator of the corporation is Alberto J. Parlade, Esquire, 3850 S.W. 87th Avenue, Suite 207, Miami, Florida 33165.

In Witness Whereof, the undersigned being all of the incorporators of said corporation execute these article of incorporation and verify, subject to penalties of perjury, that the statements contained herein are true.

Dated: April 7<sup>th</sup>, 1995.

  
\_\_\_\_\_  
Alberto J. Parlade, Incorporator

95 APR 11 PM 2:19

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of 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: ANNUIT COEPTIS CREATIONS, INC..

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

ALBERTO J. PARLADE  
3850 S.W. 87 Avenue, Suite 207  
Miami, Florida 33165

Signature



ALBERTO J. PARLADE, Incorporator

Date: April 7<sup>th</sup>, 1995.

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



ALBERTO J. PARLADE

Date: April 7<sup>th</sup>, 1995.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000028444**

1. Corporation Name

**ANNUIT COEPTIS CREATIONS, INC.**

Principal Place of Business

**3850 S.W. 87TH AVE., SUITE 207  
MIAMI FL 33185**

Mailing Address

**3850 S.W. 87TH AVE., SUITE 207  
MIAMI FL 33185**

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

2. New Principal Office Address, if Applicable  
**15200 N.W. 60 AVENUE**  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
**15200 N.W. 60 AVENUE**  
Suite, Apt. #, etc.

City & State  
**MIAMI LAKES, FLORIDA**  
Zip  
**33014**  
Country  
**U.S.**

City & State  
**MIAMI LAKES, FLORIDA**  
Zip  
**33014**  
Country  
**U.S.**

4. Date Incorporated or Qualified To Do Business in Florida  
**04/11/1985**

5. FEI Number  
**65-0578480**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	GATTAMORTA, RUBEN	8075 FONTAINEBLEAU BLVD. UNIT L	MIAMI FL 33172
D	GATTAMORTA, ARMANDO	3850 S.W. 87TH AVENUE	MIAMI FL 33185
D	PARLADE, ALBERTO J	3850 S.W. 87TH AVE., SUITE 207	MIAMI FL 33185
D/VP/S	GATTAMORTA, RUBEN	15200 N.W. 60 AVENUE	MIAMI, FLORIDA 33014
D/P	GATTAMORTA, ARMANDO	15200 N.W. 60 AVENUE	MIAMI, FLORIDA 33014
T	MAESTRE, FERNANDO	15200 N.W. 60 AVENUE	MIAMI, FLORIDA 33014

8. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J  
3850 S.W. 87TH AVE., SUITE 207  
MIAMI FL 33185**

9. Name and Address of New Registered Agent

Name  
**488881977854-0**  
Street Address (P.O. Box Number is Not Acceptable)  
**-10/16/96--01067--001**  
Suite, Apt. #, Etc.  
**\*\*\*\*383.75 \*\*\*\*383.75**  
City  
State  
**FL**  
Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date  
**9/26/96**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARMANDO GATTAMORTA, Pres.**

Date  
**9/26/96**

(305)  
**824-0501**  
Daytime Phone #

**REINSTATEMENT 96 ceo**

CR2040 (7/96)