

P95000030693

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

600001462396
-04/21/95--01060--012
****122.50 ****122.50

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

1. T-M APPLIANCE SERVICES, 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

4/19/95
195A-18455
Examiner's Initials

ARTICLES OF INCORPORATION

of

T-M APPLIANCE SERVICES, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

T-M APPLIANCE SERVICES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	TOMAS MOJENA		
ADDRESS	9335 NORTH WEST 36th AVENUE		
CITY	MIAMI	FLORIDA	ZIP 33147

The principal office, if known, or the mailing address of the corporation is:

NAME	T-M APPLIANCE SERVICES, INC.		
ADDRESS	9335 NORTH WEST 36th AVENUE		
CITY	MIAMI	FLORIDA	ZIP 33147

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	TOMAS MOJENA		
ADDRESS	9335 NORTH WEST 36th AVENUE		
CITY	MIAMI	STATE FLA.	ZIP 33147
NAME	OLIMPIA FERNANDEZ		
ADDRESS	9335 NORTH WEST 36th AVENUE		
CITY	MIAMI	STATE FLA.	ZIP 33147
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	TOMAS MOJENA		
ADDRESS	9335 North West 36th Avenue		
CITY	Miami	STATE	Florida ZIP 33147
NAME	OLIMPIA FERNANDEZ		
ADDRESS	9335 North West 36th Avenue		
CITY	Miami	STATE	Florida ZIP 33147
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10 day of April, 19 95.

Tomas Mojena (Seal)
Olimpia Fernandez (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF DADE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Tomas Mojena M250-603-43-412-0
 Signature Form of Identification
Olimpia Fernandez F655-653-55-712-0
 Signature Form of Identification

 Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form S of identification of the above named person S as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness _____ and official seal in the County of DADE, State of Florida, this _____ day of April, 19 95.
Gene Perez
 Notary Public, State of Florida
 My comm. expires, Oct. 20, 1995
 Comm. No. CC 153652

 Notary Signature

 Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

T-M APPLIANCE SERVICES, INC.

(name of corporation)

FILED
55 APR 19 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 9335 NORTH WEST 36th AVENUE

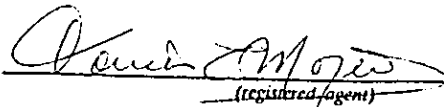
MIAMI, FLORIDA 33147

has named TOMAS MOJENA

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)