

P95000031513

RECEIVED STATE  
DIVISION OF CORPORATIONS  
95 APR 21 PM 3:04

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

ENCLOSURE 1-11-91  
04/26/95 - 01017-015  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. BEST CONNECTION SERVICES, CORPORATION  
(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

4-21

Ex owner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**BEST CONNECTION SERVICES, CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 21 PM 3:04

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: BEST CONNECTION SERVICES, CORPORATION

The principal place of business of this corporation shall be: 10975 SW 40 Street.  
Ste. 318  
Miami Florida , 33165

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100x1.00= \$100.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are): Manuel Rodriguez. Director.  
10975 SW 40 Street. Ste. 318  
Miami Fl, 33165

**ARTICLE VI INCORPORATOR(S)**

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

Manuel Rodriguez, .Director  
10975 SW 40 Street, Ste. 318  
Miami Florida, 33165

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 19 day of April, 1995.

Signature(s) of Incorporator(s)

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF Florida

COUNTY OF Dade.

THE FOREGOING Instrument was acknowledged and sworn to before me this 19 day  
of April, 1995, by Manuel Rodriguez  
(Name of Incorporator)

of Best, Connection Services Corporation  
(Name of Corporation)

Notary Public

[Signature]  
\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$20

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. AUG. 22, 1997  
BONDED THRU GENERAL INS. UND.

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 21 PM 3:04

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: BEST CONNECTION SERVICES CORPORATION

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

Manuel Rodriguez.

10975 SW 40 Street. Ste. 318

(P.O. BOX NOT ACCEPTABLE)

Miami Florida, 33165

(CITY/STATE/ZIP)

SIGNATURE [Signature]

(Corporate Officer)

TITLE President.

DATE 4-19-95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS 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 [Signature]

(Registered Agent)

DATE 4-19-95

# P95000031513

LAZARUS CORPORATE INDUSTRIES  
(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)385-6715

OFFICE USE ONLY

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

1. BEST CONNECTION SERVICES CORPORATION  
(Corporation Name) (Document #) Amended
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

800001512638  
-06/14/95--01025--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☒ Walk in ☒ Pick up time 2:06

☐ 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 checked="" type="checkbox"/>	Amendment <u>6/7/95</u>
<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 2, 1995

Lazarus Corporate Industries, Inc.  
890 S.W. 87 Avenue  
Suite 16  
Miami, FL 33174

SUBJECT: BEST CONNECTION SERVICES, CORPORATION  
Ref. Number: P95000031513

We have received your document for BEST CONNECTION SERVICES, CORPORATION and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must include original signatures.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 795A00027675

RECEIVED  
JUN 7 1995  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
95 JUN -7 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Best Connection Services Corporation

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Amending-Director

Article V. Jose Luis Perez  
10975 Sw 40Th St. Ste. 318  
Miami Fl, 33165

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 5-30-95.

**FOURTH:** Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

(continued)

Signed this 30 day of May, 19 95.

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Jose Luis Perez

\_\_\_\_\_  
Typed or printed name

President

\_\_\_\_\_  
Title



P 95000031513

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

500001711955  
-02/09/96--01049--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. BEST CONNECTION SERVICES, CORPORATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ 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  
96 FEB -9 PM 1:23  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RECEIVED  
96 FEB -9 AM 11:31  
DIVISION OF CORPORATION

Examiner's Initials

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation is BEST CONNECTION Services Corporation.

**SECOND:** The articles of incorporation were filed on April 21 1995.

**THIRD:** (check one)

- ☒ None of the corporation's shares have been issued.  
☐ The corporation has not commenced business.

**FOURTH:** No debt of the corporation remains unpaid.

**FIFTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

**SIXTH:** Adoption of Dissolution (check one)

- ☒ A majority of the incorporators authorized the dissolution.  
☐ A majority of the directors authorized the dissolution.

Signed this 21 day of January, 19 96.

Signature

(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

President. [Signature]

(Typed or printed name)

President

(Title)