

P95000033187

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

FILED STATE
DIVISION OF CORPORATIONS
95 APR 27 PM 3:24

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

1. F. I. C. CORPORATION 200001469412
(Corporation Name) (Document #) 05/01/95--01057--020
*****78.75 *****78.75
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

W95-8925
502

4-26

Examiner's Initials

KAN



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 26, 1995

LAZARUS CORPORATE INDUSTRIES, INC.
890 S.W. 87th AVENUE
SUITE 16
MIAMI, FL 33174

SUBJECT: F. & C. CORPORATION
Ref. Number: W95000008925

We have received your document for F. & C. CORPORATION and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 895A00019799

95 APR 27 PM 3:24

ARTICLES OF INCORPORATION

OF

ETERNITY GOLD FILLED, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ETERNITY GOLD FILLED, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) / Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of \$100.00

Unless otherwise stated in these articles or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Dr. Rafael B. Medina
100 S.E. 2nd St. Suite 2600
Miami, Fl 33131

The Principal office shall be:

100 S.E. 2nd St Suite 2600
Miami, Fl 33131

ARTICLE VI

The initial Board of Directors shall consist of a total of four (4) person, and the name and address of the person who is to serve as an initial director is:

Augusto C. Daipre de Lacerda	President
Fabiana Misleri Rech	Vice-President
Adamaston Rech	Secretary
Marcelo Misleri Rech	Treasurer

Rua Dom Bosco 136
Mooca, Sao Paulo, Brazil

The name and address of the incorporator executing these Articles of Incorporation is:

Dr. Rafael B. Medina
100 S.E. 2nd St Suite 2600
Miami, Fl 33131

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 25 day of April, 1995.

Rafael B. Medina

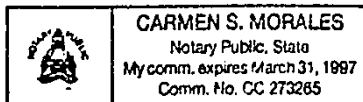
STATE OF FLORIDA }
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Dr. Rafael B. Medina known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 25 day of April, 1995.

Carmen S. Morales
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 27 PM 3:24

Pursuant to the provisions of sections 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: ETERNITY GOLD FILLED, CORP.

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

Dr. Rafael B. Medina

(NAME)

100 S.E. 2nd St. Suite 2600

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33131

(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

Rafael B. Medina

DATE

4-25-95