# P95000035514

95 MAY -5 FM 3: 47

SEC.

LAZARUS CORPORAT	E INDUSTRIES, INC.	TALLA	
190 S.W. 87 AVEN	UE, SUITE:16		
MIAMI, FLORIDA (Coy, Sinto, Zip) LOCAL REPRESENTA	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY	
(904) 385 -6735	TIVE TALLAHASSEE	•	
1. TLPA	E(S) & DOCUMENT NUMB SUPPLIES,	Mc.	#557 14 2.50
2. (Corporation)	Name)	(Document #)	
(Corporation	Nome)	(Document #)	
Walk in Pick	up time	(Decument #)  Certified Copy	
Mail out [] Will	wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Dir	ector C	
imited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal	GUV	
Other	Merger	ector CVC	

OTHER FILINGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

CP2E031(10/92)

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
Other

NANCY HENDRICKS MAY - 5 1995

	<del>,</del>
Examiner's Initials	
	ŀ



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 4, 1995

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: ALPHA SUPPLIES, INC. Ref. Number: W95000009480

We have received your document for ALPHA SUPPLIES, INC. and check(s) totaling \$122.50. 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.

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

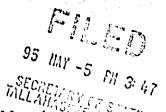
If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks Corporate Specialist

Letter Number: 595A00021791

## ARTICLES OF CORPORATION OF

ALPHA PINES, INC.



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:

ALPHA PINES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

8362 PINES BLVD. - Suite 372 PEMBROKE PINES, FL 33024

#### ARTICLE III CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: DANNY RIVERA 8362 PINES BLVD. #372, PEMBROKE PINES, FL 33024

### ARTICLE V INCORPORATOR (S)

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

DANNY RIVERA 8362 PINES BLVD. #372, PEMBROKE PINES, FL 33024

The undersigned has (have) executed these Articles of Incorporation This 4 of MAY, 1995.

Signature/President

Signature/ Vice-President

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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: ALPHA PINES, INC.
- 2. The name and address of the registered agent and office is:

DANNY RIVERA 8362 PINES BLVD. #372 PEMBROKE PINES, FL 33024

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.