

P95000037940

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

700001489227
-05/16/95--01135--004
****122.50 ****122.50

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

1. QUALITY AMERICAN FACILITIES INC.
(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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
95 MAY 12 PM 12:28
RECEIVED
95 MAY 12 AM 11:25
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

Dmc 5/12/95
Examiner's Initials

FILED

95 MAY 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**

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.

QUALITY AMERICAN FACILITIES INC.

ARTICLE I NAME

The name of the corporation shall be: QUALITY AMERICAN FACILITIES INC.

1825 PONCE DE LEON STE 345
CORAL GABLES, FLA 33134-4418

ARTICLE II PRINCIPAL OFFICE

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

1825 PONCE DE LEON STE 345
CORAL GABLES, FLA 33134-4418

ARTICLE III SHARES

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

100 x 10 = \$1000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NIRMA DORIS PENA
1825 PONCE DE LEON
STE-345
CORAL GABLES, FLA 33134

ARTICLE V INCORPORATOR(S)

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

PRESIDENT- NIRMA DORIS PENA.
VICE-PRESIDENT- JOSE MARIANO PENA.
SECRETARY- JORGE LUIS MARTINEZ
TREASURY-- OMAR RIVERA.
TREASURY-- MIGUEL HERNANDEZ.

1825 PONCE DE LEON STE- 345
CORAL GABLES, FLA, 33134-4418

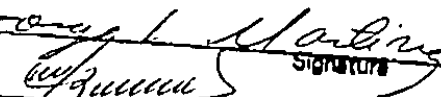
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
MAY day of 08, 1995.

x 

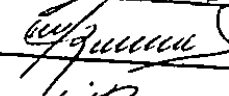
Signature

x 

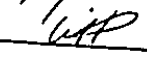
Signature

x 

Signature

x 

Signature

x 

Signature

Articles of Incorporation
Filing Fee - \$35

FILED

95 MAY 12 PM 12:28

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: QUALITY AMERICAN FACILITIES INC.

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

NIRMA DORIS PENA
(NAME)

1825 PONCE DE LEON STE-345

(P.O. BOX NOT ACCEPTABLE)

CORAL GABLES, FLORIDA 33134-4418

(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 DATE MAY/08/95

P95000037940

LA PAZ ACIF 1129
1925 S.W. 4TH ST. 305-220-0075
MIAMI, FL 33136
Pay to the order of Florida Department of State \$ 35.00
Thirty Five and 00/100 Dollars
Baron Bank
307-210
125 West
Miami, FL
R/R Closed Corporation
⑆067003985⑆ ⑆⑆29 ⑆596430565⑆

800002187298--3
-05/21/97--01122--009
*****35.00 *****35.00

FILED
97 MAY -8 PM 2:16
TALLAHASSEE, FLORIDA

RECEIVED
MAY -8 PM 6:42
OFFICE OF COMPTROLLER

Walter
Dissolved
5/15/97
De

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Quality American
Facilities Inc.

SECOND: The date dissolution was authorized: _____

THIRD: Adoption of Dissolution (check one)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

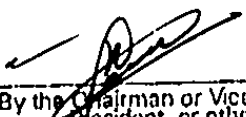
[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by _____."
(voting group)

FILED
97 MAY -8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 21 day of April, 19 97.

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

NORMA Doris Pena
(Typed or printed name)

President
(Title)