

PA5000038675

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

407000114848174
-05/19/95--01092--004
****122.50 ****122.50

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

1. MONCADA INSURANCE AGENCY, 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 16 PM 1:47

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

5/16
W95-10255

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 15, 1995

LAZARUS

TALLAHASSEE, FL

SUBJECT: MONCADA INSURANCE AGENCY, INC.
Ref. Number: W95000010255

We have received your document for MONCADA INSURANCE AGENCY, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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: 895A00J24875

RECEIVED
95 MAY 16 PM 1:25
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION
OF
MONCADA INSURANCE AGENCY, INC.**

FILED
MAY 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
MONCADA INSURANCE AGENCY, INC.

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: OSCAR A. DUARDO, PRESIDENT
MARIA E. RIVERO, VICE PRESIDENT

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of ONE HUNDRED shares, having an individual par value of \$1.00

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:

4390 S.W. 5th STREET, MIAMI, FLORIDA 33134

OSCAR A. DUARDO, PRESIDENT

The Principal office shall be:

THE TEMPORARY PRINCIPAL OFFICE OF THE CORPORATION SHALL BE
4390 S.W. 5th STREET, MIAMI, FLORIDA 33134

ARTICLE VI

The initial Board of Directors shall consist of a total of ^{Two}(2) person, and the name and address of the person who is to serve as an initial director is:

OSCAR A. DUARDO, PRESIDENT
13126 S.W. 2nd TERRACE, MIAMI, FLORIDA 33184


MARIA E. RIVERO, VICE PRESIDENT
3500 N.W. 12th TERRACE, MIAMI, FLORIDA 33125


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

OSCAR A. DUARDO, PRESIDENT
13126 S.W. 2nd TERRACE
MIAMI, FLORIDA 33184

MARIA E. RIVERO, VICE PRESIDENT
3500 N.W. 12th TERRACE
MIAMI, FLORIDA 33125

IN WITNESS WHEREOF, the undersigned incorporator has
(ve) executed these Articles of Incorporation this 12th day
of MAY, 1995.


D.L. # R160-345-49-806-0


D.L. # D630-641-32-362-0

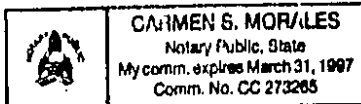
STATE OF FLORIDA }
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknow-
ledgements in the state and county set forth above, personally
appeared OSCAR A. DUARDO & MARIA E. RIVERO 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 12th day of MAY, 1995.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



**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: MONCADA INSURANCE AGENCY, INC.

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

OSCAR A. DUARDO

(NAME)

4390 S.W. 5th

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33134

(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 12th, 1995

FILED
95 MAY 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA