P95000039754

SECONDA OF THE SECONDA OF

LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name)		TAUL.
890 S.W. 87 AVENUE, SUITE: 16		
MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #)	OFFICE USE ONLY	
LOCAL REPRESENTATIVE TALLAHASSEE		
(904)385-6735		

500001497185 -05/23/95--01119--003 ****122.50 ****122.50

Examiner's Initials

, CORPORATION NAI	ME(s) & DOCUMENT NU	JMBER(S) (if known):
1. RIGH	T SERVICES	CORC
(Corport	ntion Name)	(Document #)
2.		
	ation Nama)	(Document #)
3.	ition Nama)	
•	iuon Nama)	(Document #)
4. (Corport	idon Nama)	(Document #)
		(Sociality)
Walk in SI	Pick up time 2100	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	10 ⁶⁰
Profit	Amendment	305/
NonProfit	Resignation of R.A., Office	icer/Director
Limited Liability	Change of Registered Ag	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION Foreign	4
Fictitious Name		NANCY HENDRICKS MAY 1 9 1
	Limited Partnership	

Reinstatement Trademark

Other

Name Reservation

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 18, 1995

LAZARUS

TALLAHASSEC, FL

SUBJECT: RIGHT SERVICES CORP.

Ref. Number: W95000010600

We have received your document for RIGHT SERVICES CORP, 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: 095A00025602

ARTICLES OF CORPORATION

OF

SS MAY 10 FM 3:01

TRUE RIGHT SERVICES CORP.

The undesigned incorporator(s), for the purpose of firming 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:

TRUE RIGHT SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

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

7550 SW 39th ST MIAMI FL. 33155

ARTICL: III CAPITAL STOCK

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

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

ARTICLE IV REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

OMAR C. FELIU 7550 SW 39th ST MIAMI FL 33155

ARTICLE V INCORPORATOR(S)

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

OMAR C. FELIU 7550 SW 39th ST MIAMI FL. 33155

The undersigned has(have) executed these Articles of Incorporation this 5 Days of May, 1995.

- Chalier	
Signature/Title	
Signature/Title	
Signature, iits e	
Signature/Title	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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. Ine name of the corporation is:

TRUE RIGHT SERVICES CORP.

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

OMART C. FELIU

7550 SW 39th ST

MIAMI FL. 33155

SIGNATURE (corporate officer)

TITLE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEBERY AGREE TO ACT IN THIS CAPACITY, AND I FUTHER AGREE TO COMPLY WHITH THEPROVISIONS 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	OKelve	
DATE		