

Charter Number Only

P95000041219

VALIDATION ONLY

95 MAY 25 11:50

SEAL
TRAILING

100001508171

-06/01/95--01035--027

****490.00 ****122.50

Requestor's Name LAZARUS CORPORATE INDUSTRIES

Address

890 S.W. 87 Ave. Suite 16

City

MIAMI,

State

FL

ZIP

33165

Phone

305-552-5973

local rep.

TERESA ROMAN

385-6735

CORPORATION(S) NAME

Luxunegate Corp

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

5-10

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

NANCY HENDRICKS MAY 25 1995

ARTICLES OF INCORPORATION

OF

FORTUNEGATE CORP.

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:

FORTUNEGATE CORP.

ARTICLE II PRINCIPAL OFFICE

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

9600 SW 8 STREET, SUITE # 18, MIAMI, FLORIDA, 33174.-

ARTICLE III CAPITAL STOCK

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOSE M. MIRABAL

9600 SW 8 ST,
MIAMI, FL, 33174.-

FILED
95 MAY 25 11:50
SECRET
FLEET

ARTICLE V INCORPORATOR(S)

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

Jose M. Mirabal

9600 S.W. 8 Street,
Miami, Fl, 33174.-

The undersigned has(have) executed these Articles of Incorporation this

23 day of May, 19 95.

 President,

Signature/Title

Signature/Title

Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: FORTUNRGATE CORP.

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

JOSE M. MIRABAL
(NAME)

9600 S.W. 8 STREET,
(P.O. BOX NOT ACCEPTABLE)

MIAMI - FLORIDA, 33174.-
(CITY/STATE/ZIP)

SIGNATURE *Jose M. Mirabal*
(corporate officer)

TITLE President,

DATE May 23/95

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 *Jose M. Mirabal*

DATE May 23, 1995.-

REGISTERED AGENT FILING FEE: \$35.00

P95000041219

HAZARDUS CORPORATE AND SERVICES, 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)385-6715

OFFICE USE ONLY

FILED
95 AUG 10 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. FutureGate Inc (Corporation Name) (Document #) Amend
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #) 500001561075
-08/15/95--01101--014
*****35.00 *****35.00
4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☐ 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 checked="" type="checkbox"/>	Amendment <u>81095</u>
<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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

95 AUG 10 11:31
RECEIVED

August 9, 1995

Lazarus Corporate Industries, Inc.
890 S.W. 87 Avenue
Suite 16
Miami, FL 33174

SUBJECT: FORTUNEGATE CORP.
Ref. Number: P95000041219

We have received your document for FORTUNEGATE CORP. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan
Corporate Specialist

Letter Number: 395A00037326

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FORTUNEGATE CORP.**

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

Article V - The new Directors and Titles.

The name and address of the Directors will read as follows:

President: JOSE M. MIRABAL, resident at 6745 S.W. 4 St,
Miami, Florida, 33144.

Vice-President/Secretary: JULIO C. MIRABAL, resident at 16034
S.W. 83 Terrace, Miami, Florida, 33193.

Treasurer/Assistant Secretary: JUAN C. HERNANDEZ, resident at
11261 N.W. 6 Terrace, Miami, Florida, 33172.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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95 AUG 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIRD: The date of each amendment's adoption: 7/24/95.

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 7 day of August, 19 95.-

Signature

Jose M. Mirabal

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JOSE M. MIRABAL

Typed or printed name

PRESIDENT,

Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041219**

1. Corporation Name

FORTUNEGATE CORP.

FILED

96 DEC 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9800 S.W. 8TH ST.
SUITE 18
MIAMI FL 33174

Mailing Address

9800 S.W. 8TH ST.
SUITE 18
MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1995

5. FEI Number

65-0583777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MIRABAL, JOSE M	6745 S.W. 4 ST.	MIAMI FL 33144
VSD	MIRABAL, JULIO	10034 S.W. 63 TERRACE	MIAMI FL 33193
TAD	HERRANDEZ, JUAN C	11281 N.W. 6 TERRACE	MIAMI FL 33172

REINSTATEMENT 96

8. Name and Address of Current Registered Agent

MIRABAL, JOSE M
9800 S.W. 8TH ST.
SUITE 18
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200002034962--5

Suite, Apt. #, Etc.

-12720796--01054--015

City

***375.00 ***375.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-29-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the recipient of notice empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-96

Date

Daytime Phone #