

P9500004193

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

690 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

200001509532  
-06/09/95--01027--013  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. Jaga Enterprises, Corp.  
(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	
<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

NANCY HENDRICKS JUN - 8 1995

Examiner's Initials

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: JAGA ENTERPRISES, CORP.  
(PROPOSED CORPORATE NAME)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM: JOSE A. GARCIA  
NAME (PRINTED OR TYPED)  
11250 SW 1 ST.  
ADDRESS  
MIAMI, FL. 33174  
CITY, STATE, & ZIP  
(305) 553-2184  
TELEPHONE NUMBER

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION  
OF

JAGA ENTERPRISES, 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:

JAGA ENTERPRISES, CORP.

ARTICLE II PRINCIPAL OFFICE

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

11250 SW 1 ST.  
MIAMI, FL 33174

ARTICLE III SHARES

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

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES OF NON PAR VALUE COMMON STOCK WHICH SHALL BE DESIGNATED "COMMON SHARES".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE A. GARCIA  
11250 SW 1 ST.  
MIAMI, FL 33174

ARTICLE V INCORPORATOR(S)

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

JOSE A. GARCIA  
11250 SW 1 ST.  
MIAMI, FL. 33174

- PRESIDENT/D/  
REGISTERED  
AGENT/VP

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 6 day of June, 19 95.

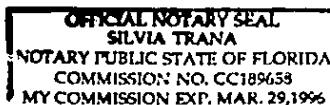
  
SIGNATURE

STATE OF FL.

COUNTY OF Dade

The foregoing instrument was acknowledged before me this 6 day of June, 19 95 by J. A. G. who is personally known to me or who has produced FL. Dr. Lic as identification and who did take an oath.

Notary Public Signature Silvia Trana  
Commission expires:



85 JUN 10 1995

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 FL.

1. The name of the corporation is:

JAGA ENTERPRISES, CORP.

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

JOSE A. GARCIA  
(NAME)

11250 SW 1 ST.  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33174  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 POSITIONS REGISTERED AGENT.

REGISTERED AGENT'S SIGNATURE [Signature]

DATE 6/6/95

STATE OF FL

COUNTY OF Dade

The foregoing instrument was acknowledged before me this 6 day of June 1995 by J. A. G. who is Name of Applicant personally known to me or who has produced FL. Dr. Lic. Type of I.D.

as identification and who did take an oath.

Notary Public Signature [Signature]

Commission expires:

