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OFFICE USE ONLY

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

890 S.W. 87 AVENUE, SUITE: 16

MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6715

CORPORATION NA	ME(S) & DOCUMENT NUM	BER(S) (if known):	600001512336 -06/14/9501006018 ****122.50 ****122.50
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2. (Corpor	ation Name)	(Document #)	(n) (
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(Corpor	ation Name)	(Document #)	1
Walk in	Pick up time 2/05	Certified Copy	1 (1) 1 (3)
Mail out	Will wait Photocopy	Certificate of Sta	tus
NEW FILINGS	AMENDMENTS		~ <del>~</del>
Profit	Amendment		$^{M}$
NonProfit	Resignation of R.A., Officer	/Director	11,
Limited Liability	Change of Registered Agent	4	, \
Domestication	Cissolution/Withdrawal	~0,	d S
Other	Merger	12	

REGISTRATION/ QUALIFICATION Foreign		
		Limited Partnership
		<del></del>
Reinstatement		

Trademark

Other

NANCY HENDRICKS JUN: 1 2 1995

Examiner's Initials

CR2E031(10/92)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 9, 1995

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: I.T.M., INC.

Ref. Number: W95000011793

We have received your document for I.T.M., INC. 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: 895A00028487

## Fill Cil **ARTICLES OF INCORPORATION**

I.T.M. INSTALLATION, TILES & MARBLE, INC. TALLAND

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: I.T.M. INSTALLATION, TILES & MARBLE, INC.

### ARTICLE II PRINCIPAL OFFICE

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

3635 S.W. 9040 Avenue Miami, FLORIDA 33167

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares at \$1.00 par value.

#### **ARTICLE IV** INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT MENA 3635 S.W. 90th Avenue MiAmi, FloriDA 33167

### ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):  $(p/\cup P/S/T): \\ ROBERT\ ME \cup A$ 

3635 S.W. 90th Avenue Miami, Florida 33167

The ur	ndersigned i	ncorporator(s) has(have) execut	ted these Articles of Incorporation t	hls
<b>*</b>	8	day of	, 19 <u>95</u> .	
		Block		
	<del></del>	Signature		
		Signature		
	•	Signature		

Articles of Incorporation Filing Fee - \$35

## 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: I.T.M. INSTALLATION, TILES & MARBLE,	INC.
2.	The name and address of the registered agent and office is:	•
	ROBERT MENA (NAME)	
	(P.O. BOX NOT ACCEPTABLE)	. 17
	MIAMI, FLORIDA 33167 (CITY/STATE/ZIP)	
	•	3 3 3
TH AN PR FO	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN SCERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER DRIMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	N T E
	SIGNATURE Men	
	DATE 6-08-95	