

895000047464

95 JUN 19 10 27

RECEIVED

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)  
100 S.W. 17 AVENUE, SUITE 16  
(Address)  
MIAMI, FLORIDA 33174 (305) 552-5973  
(City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE  
(904) 305-6735

OFFICE USE ONLY

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

1. MCDME, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

500001517385  
06/20/95--01052--016  
\*\*\*\*122.50 \*\*\*\*122.50

☒ 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 19 1995

NOT RECORDED

89 JUN 19 10 27

RECEIVED

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I. NAME**

The name of this Corporation is MCDME, INC.

**ARTICLE II. NATURE OF BUSINESS**

MCDME, INC. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III. TERM OF EXISTENCE**

The duration of MCDME, INC. is perpetual.

**ARTICLE IV. CAPITAL STOCK**

MCDME, INC. is authorized to issued 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V. ADDRESS**

The Principle address of the initial registered office of MCDME, INC. is:

4655 PALM AVE #214  
HIALEAH, FL 33012

and the name of the initial registered agent of this corporation at this address is MILAGROS GONZALEZ

**ARTICLES VI, INITIAL DIRECTORS**

MCDME, INC. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

MILAGROS GONZALEZ  
4655 PALM AVE #214  
HIALEAH, FL 33012

PRESIDENT  
DIRECTOR

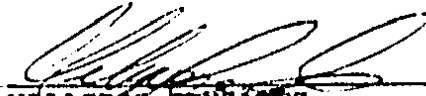
**ARTICLE VII, INCORPORATORS**

The name and addresses of the incorporator of this corporation are:

MILAGROS GONZALEZ  
4655 PALM AVE #214  
HIALEAH, FL 33012

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 31st day of May 1995.

STATE OF FLORIDA )  
 )  
COUNTY OF DADE )


  
MILAGROS GONZALEZ  
INCORPORATOR

Before me, a notary public authorized take acknowledgements in the State and County seats above, personally appeared MILAGROS GONZALEZ, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that 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 31st day of May 1995.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:

 ANTONIO GARCIA  
My Comm Exp. 1/09/99  
Bonded By Service Ins  
No. CC420891  
If Personally Known ( ) Other ( ) D.

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

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: MCDME, INC.

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

MILAGROS GONZALEZ

4655 PALM AVE #214

HIALEAH, FL 33012

SIGNATURE 

TITLE PRESIDENT

DATE May 31, 1995

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 31, 1995

P95000047464

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 30, 1997

MCDME, INC.  
4160 WEST 16TH AVENUE  
SUITE 205  
HIALEAH, FL 33012

SUBJECT: MCDME, INC.  
Ref. Number: P95000047464

Debit Memo #: 8397-H

This is to inform you that check #468 in the amount of \$165.00 submitted with the annual report for MCDME, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 30, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 797A00029289

P15000047464

500002232075--3  
-07/07/97--01170--005  
\*\*\*\*180.00 \*\*\*\*180.00

July 7, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: MCDME, INC.

DEBIT MEMO: # 8397-H

CHECK #: 468