

P95000054599

LAZARUS CORPORATE INDUSTRIES, 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

RECEIVED

95 JUL 14 AM 11:06

DIVISION OF CORPORATION

400001539414  
-07/18/95--01028--007  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. ALVAR SERVICES, INC.  
(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

FILED  
95 JUL 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. HENDRICKS JUL 14 1995

TRANSMITTAL LETTER

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

SUBJECT: ALVAR SERVICES, INC.  
(PROPOSED CORPORATE NAME)

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

FROM: JUAN JOSE ALVAREZ  
NAME(PRINTED OR TYPED)  
320 NW 10 AVENUE  
ADDRESS  
MIAMI, FL. 33138  
CITY, STATE, & ZIP  
(305) 545-5383  
TELEPHONE NUMBER

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

**FILED**  
95 JUL 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ALVAR SERVICES, INC.

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:

ALVAR SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

320 NW 10 AVENUE  
MIAMI, FL 33128

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 1000 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:

JUAN JOSE ALVAREZ  
320 NW 10 AVENUE  
MIAMI, FL 33128

ARTICLE V INCORPORATOR(S)

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

JUAN JOSE ALVAREZ	-	PRESIDENT/D/
320 NW 10 AVENUE		REGISTERED
MIAMI, FL 33128		AGENT/V.P/

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12 day of July, 1995.

J. Alvarez  
SIGNATURE

STATE OF Florida

COUNTY OF Dade

The foregoing instrument was acknowledged before me this 12 day of July, 1995 by Juan Jose Alvarez who is personally known to me or who has produced personally known as identification; and who did take an oath.

Notary Public Signature Silvia Trana  
Commission expires:

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:

ALVAR SERVICES, INC.

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

JUAN JOSE ALVAREZ  
(NAME)

320 NW 10 AVENUE  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33128  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DATE

STATE OF Florida  
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 12 day of July 19 95 by Juan Jose Alvarez who is  
Name of Applicant  
personally known to me or who has produced Personally known  
Type of I.D.  
as identification and who did take an oath.

Notary Public Signature Laura Trana  
Commission expires: