

P95000064908

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)305-6715

OFFICE USE ONLY

RECEIVED  
03/21/92  
\*\*\*\*\*127.50 \*\*\*\*\*127.50

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

1. INTERNATIONAL OCEAN CONSOLIDATORS 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State

August 21, 1995

LAZARUS

MIAMI, FL

SUBJECT: INTERNATIONAL OCEAN CONSOLIDATORS CORP.  
Ref. Number: W95000016804

We have received your document for INTERNATIONAL OCEAN CONSOLIDATORS CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE STATE THE TOTAL NUMBER OF SHARES, NOT A BREAKDOWN OF SHARES ISSUED.

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) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 295A00039055

## ARTICLES OF INCORPORATION

*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:

INTERNATIONAL OCEAN CONSULTANTS CORP.

### ARTICLE II PRINCIPAL OFFICE

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

4401 N.W. 7th Ave.  
Miami, Florida 33140

### ARTICLE III SHARES

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

300

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STANLEY A. MAGGI  
2701 COLLIN AVE # 200  
FORT WORTH, TX 76102

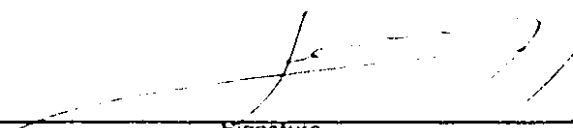
**ARTICLE V INCORPORATOR(S)**

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

SANTIAGO MAGGI 100 %  
ANDRÉS ANDRÉS 100 %  
MARIA AMOROSI 100 %  
2101 W. 1st St. Apt. 5 - A-1005  
Miami, FL 33133

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

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

  
\_\_\_\_\_  
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: ATLANTA VENTURE CAPITAL PARTNERS  
LLP

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

2000 Peachtree Street, N.E.  
(NAME)

Atlanta, Georgia 30309  
(P.O. BOX NOT ACCEPTABLE)

Atlanta, Georgia 30309  
(CITY/STATE/ZIP)

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 [Signature]

DATE 8-15-02

55 AUG 22 PM 2:05

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ROTH & MINT

OFFICE USE ONLY

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<input type="checkbox"/>	Other

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-10/20/95--01091--004  
\*\*\*\*105.00 \*\*\*\*35.00

Examiner's Initials

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA )

SS

COUNTY OF DADE )

I, SANTIAGO MAGGI, after being duly sworn, do depose and state that to the best of my knowledge, information and belief, and under penalties of perjury, the following is true and correct:

I, SANTIAGO MAGGI, herein resign as an officer and/or director of INTERNATIONAL OCEAN CONSOLIDATORS CORP., a Florida Corporation.

That the corporation has been notified in writing of the resignation.

SANTIAGO MAGGI

The foregoing instrument was acknowledged before me October 6, 1995, SANTIAGO MAGGI, who is personally known to me or who has produced Florida Drivers License as identification and who did not take an oath.

(SEAL)

(signature)

NOTARY PUBLIC, State of Florida

Commission Number: \_\_\_\_\_

(Name of Notary, typed, printed or stamped)