

P95000065636

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

OFFICE USE ONLY

200001568472
-08/24/95--01050--021
****122.50 ****122.50

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

1. M. N. Contractors 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 |

Examiner's Initials

Dmc 8/24/95

RECEIVED
FILED
95 AUG 24 PM 12:17
DIVISION OF CORPORATION REGISTRATION
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

M. N. CONTRACTORS, INC.

FILED

95 AUG 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation is M. N. Contractors, Inc.

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE II - PURPOSE

The purpose of this corporation is to engage in any activity or business permitted on the laws of the United States and the state of Florida.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of this corporation is authorized to have outstanding at any time is 10,000 shares of common stock having no par value. The capital stock may be paid for in money, property, labor or services, at a just valuation to be fixed by the incorporators or by the directors, at a meeting called for such purpose.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The initial principle office of this corporation shall be:

6175 West 20 Ave Apt # 202

Hialeah, Florida 33014

The initial registered agent of this corporation shall be:

Miguel Norat 6175 West 20 Ave Apt # 202

Hialeah, Florida 33014

who upon accepting this designation agrees to comply with the provisions of section 48.091, Florida statutes as amended from time to time, with respect to keeping an office open for service of process.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial board of directors shall consist of one (1) Member. The number of directors may be increased or decreased from time to time by vote of the shareholders, but in no case shall the number of directors be less than one (1). The names and addresses of the directors constituting the initial board of directors is:

| NAME | SOCIAL SECURITY | ADDRESS |
|---------------------|------------------------|----------------------------|
| Miguel Norat /Pres. | 352-68-8384 | 6175 West 20 Ave Apt # 202 |
| Hector Norat /Sec. | 342-68-9842 | 6175 West 20 Ave Apt # 202 |

ARTICLE VII - AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed by them to the stockholders and approved at a shareholders' meeting by 100% of the stock entitled to vote, unless all of the directors and all of the shareholders sign a written statement manifesting their intention that a certain amendment of these articles of Incorporation be made.

ARTICLE VIII - INCORPORATOR

The names and street addresses of the persons signing these articles of incorporation are:

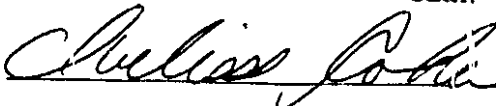
| NAME | SOCIAL SECURITY | ADDRESS |
|--------------|-----------------|----------------------------|
| Miguel Norat | 352-68-8384 | 6175 West 20 Ave Apt # 202 |
| Hector Norat | 342-68-9842 | 6175 West 20 Ave Apt # 202 |

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 23 day of August, 1995


Miguel Norat, Incorporator


Hector Norat, Incorporator

STATE OF FLORIDA } The foregoing instrument was acknowledged
COUNTY OF DADE } before me this 23 day of August, 1995
by Miguel Norat and Hector Norat, who are
personally known to me and who did take an
oath.

 My Commission Expires:

Notary Public
State of Florida at Large

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: Dec. 6, 1995.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

FILED

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

55 AUG 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501 or 617.501, Florida Statutes, the undersign 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:

M. N. CONTRACTORS, INC.

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

Miguel Norat
6175 West 20 Ave Apt # 202
Hialeah, Florida 33014

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.


Miguel Norat

Date _____