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Examiner's Initials

LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Names) 890 S.W. 87 AVENUE, SUITE: 16 (Addiess) MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #) OFFICE USE ONLY LOCAL REPRESENTATIVE TALLAHASSEE <u>(904)385-6715</u> 5,4,0 0,0 + 1 1% 4% 4.0 (0 5), -4,5,037 (0 - 4000 - 0 6), -4444 (20,00 - 4444 (0.50 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. Sys CAIS DESIGN CORP. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/ 789-502 672 QUALIFICATION W95-1733H Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

CR2E031(10/92)



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham Secretary of State

August 28, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: SYSTEMS DESIGN CORP.

Ref. Number: W95000017334

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

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,

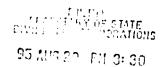
If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 595A00040075

ARTICLES OF INCORPORATION ON THE STATE OF TH



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 1 NAME

The name of the corporation shall be: SYSTEMS DESIGN DATABASE DEVELOPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

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

3130 SW 27th AVE #6 Coconut Grove, FL 33133

ARTICLE III SHARES

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

1,000 (One Thousand) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leonardo V. Martinez 3130 SW 27th AVE #6 Cocont Grove, FL 33133 Mailing Address: P.O. BOX 330848 Cocont Grove, FL 33233

ARTICLE V INCORPORATOR(S)

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

RAMON V. MARTINEZ 3130 SW 27th. AVE #6

Coconut Grove, FL 30133

Mailing Address: P.O. BOX 330848 Coconut Grove, FL 33233 LEONARDO V. MARTINEZ 3130 SW 27th. AVE #6 Coconut Grove, FL 33133

Mailing Address: P.O. BOX 330848 Coconut Grove, FL 33233

25th	day of	AUGUST	, 19 <u>95</u> .	
LEONAF	RDO V. MARTIN	()	Hatte -	
	V. MARTINEZ	Signatura (Dailue!	
		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.

. Tì	ne name of the corporation is: SYSTEMS DESIGN DATABASE DEVE	LOPMENT CORP.			
_		<u></u> •			
. Th	The name and address of the registered agent and office is:				
	LEONARDO V. MARTINEZ	34 F.			
	(NAME)	(3)			
	3130 SW 27th AV #6	717			
-	(P.O. BOX <u>NOT</u> ACCEPTABLE)	ç: ;5°			
	Coconut Grove, FL 33133	영 전류 			
_	(CITY/STATE/ZIP)				

HAVING BEEI: 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 Worting < DATE 8/95/95