P95000069963

•		The state of
LAZARUS CORPORATE INDUSTRIES, INC.		(A)
890 S.W. 87 AVENUE, SUITE: 16		
HIAM1, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY	
(904)385-6715	-09/12	000 1 !\$\8\2\806* 79501063004 22,50+++122,50
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. (POP) PP	LIANCES Who	lesale INC.	
2.	iadon finnej	(Document #)	
(Corpor	ndon Name)	(Document #)	
3. Com	ndon (Jame)	(Document #)	
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Mail out	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS	6 A B D D D	
× Profit	Amendment		1
NonProfit	Resignation of R.A., Officer/	Disease :	•
Limited Liability	Change of Registered Agent	Director A	CAVE
Domestication	┤		HONE TO
Other	Dissolution/Withdrawal	AUTHORIZATION B	ane
Other	Merger	OBRECT COL	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	DOC. EXAN	
Annual Report	Foreign		
Fictitious Name	Limited Partnership	0.55	2005
Name Reservation		SHARON L. TALA SE	P 1 L 1992
·	Reinstatement		
	Trademark	[
CR2E011(10/92)	Other	Examiner's Initials	

ARTICLES OF INCORPORATION

OF

USED APPLIANCES WHOLESALE INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

USED APPLIANCES WHOLESALE INC.

ARTICLE 11

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE 111

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
 To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE_V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Victor Lopez

6534 S.W. 114 Place Unit D Miami, F1 33173

The Principal office shall be:

6534 S.W. 114 Place Unit D Miami, Fl 33173

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Victor Lopez
6534 S.W. 114 Place Unit D
Miami, Fl 33173
P/VP/S/T

The name and address of the incorporator executing these Articles of Incorporation is:

Victor Lopez

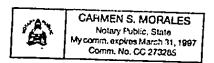
6534 S.W. 114 Place Unit D Miami, F1 33173

IN WITNESS WHEREO	F, the undersigned incorporator has
(ve) executed these Art	icles of Incorporation this $_{f 11th}$ day
of September	, 19 <u>_95</u> .
1100	
1/20/2002 D1.#120/268-68-374-0	
D1.#120-868-68-374-0	
STATE OF FLORIDA) S:	5.
COUNTY OF DADE	•

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared victor Lopez known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Florida. Florida.

	Victor Lopez		5EB
			3
	(NAME)		
65	34 S.W. 114 Place Unit D	4 - 1	:
	BOX NOT ACCEPTABLE)	<u> </u>	1
Mi	ami, F1 33173		
	(CITY/STATE/ZIP)		

DATE _____9-11-95

TIONS OF MY POSITION AS REGISTERED AGENT.

D9500069963 BLURI DA DIVISION OF COMPONENTS OF PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET (((H90000009035))) FROM: EMPIRE CORPORATE KIT COMPANY TO: DIVISION OF CORPORATIONS 1492 W FLAGLER ST DEPARTMENT OF STATE BUITE 200 MIAMI FL 33135-STATE OF FLORIDA -00000 8-0000 409 EAST GAINES STREET CONTACT: RAY BTORMONT TALLAHASSEE, FL 32399 PHONE: (305) 541-3694 FAX: (904) 922-4000 FAX: (305) 541-3770 DIBBOLUTION DOCUMENT TYPE: (((H98000009035))) NAME: USED APPLIANCES WHOLESALE INC. FAX AUDIT NUMBER: H96000009035 CURRENT CURRENT STATUS: REQUESTED TIME REQUESTED: 17:13:01 DATE REQUESTED: 06/27/1996 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX ACCOUNT NUMBER: 072450003255 NUMBER OF PAGES: 3 ESTIMATED CHARGE: \$35.00 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H98000009035))) ** ENTER 'M' FOR MENU. **

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EMPIRE COMPORATE KIT P.01/07 JUH-20-1996 13145 PEOKIDA DIVIGION OF CORPORATIONS 5:13 PM PUBLIC ACCEDS SYSTEM (((H96000009036))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY DEPARTMENT OF STATE 1492 W FLAGLER ST SUITE 200 MIAMI FL 33135-STATE OF FLORIDA -00000 8-0000 409 EAST GAINES STREET TALLAHASSEE, FL 32399 CONTACT: RAY BTORMONT PHONE: (305) 541-3694 FAX: (904) 922-4000 (305) 541-3770 FAX: (((H96000009035))) DOCUMENT TYPE: DISSOLUTION NAME: USED APPLIANCES WHOLESALE INC. FAX AUDIT NUMBER: H96000009035 CURRENT STATUS: REQUESTED DATE REQUESTED: 06/27/1996 TIME REQUESTED: 17:13:01 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 3 ESTIMATED CHARGE: \$35.00 ACCOUNT NUMBER: 072450003255 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000009035))) ** ENTER 'M' FOR MENU, ** ENTER SELECTION AND (CR): Help F1 Option Menu F2 NUM CAPS Connect: 00:03:0

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Juna 28, 1996

USED APPLIANCES WHOLESALE INC. 6534 BW 114 PL., UNIT D MIAMI, FL 93173

SUBJECT: USED APPLIANCES WHOLESALE INC. REF: P95000069963

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please give the date the articles of incorporation were filed.

Please return your document, along with a copy of this latter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 467-6937.

Jerri Weinmann Stoff Assistant

FAX Aud. #: #96000009035 Letter Number: 896A00032106

305-262-1547

FIRST:

AKTICLES OF DISSOLUTION



Pursuant to 607,1401. Florida Statutes, the undersigned corporation submits the following articles of dissolution:

The name of the corporation is ___USED_APPLIANCES_WHOLESALE_INC.

	fied on September 12,1995
SECOND	The articles of incorporation were filed on FLORIDA
THIRD:	(check one)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH	No debt of the corporation remains unpaid.
FIFTH:	The net satets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEXTH	Adoption of Dissolution (check one)
	A majority of the incorporators authorized the dissolution.
	x. A majority of the directors authorized the dissolution.
St	gned this 27 day of June . 1995
•	USED APPLIANCES WHOLESALE INC. (Corporation Name)
	- 4 m D
	(An incorporation adopted by the incorporators or by the chair- man or vice element of the board, president, or other officer if adopted by the directors)
	(Typed or printed rame)
	PRESIDENT (Tigs)
Erne:	eat ProfessionalInc. sto Huertas, acct NW7 st. #8 ni, rl 33126