

P950000 71344

LAZARUS CORPORATE INDUSTRIES, INC.  
(Registrant'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

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OFFICE USE ONLY

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

1. LaZarus Corporate Industries, Inc. 71344  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time 5:00

☐ 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

CF  
9/15/75

Date

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

Re ASHLEY NAIL SALON, INC. Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

ASHLEY NAIL SALON, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
8600 S.W. 8th ST. SUITE 15		
MIAMI FLORIDA 33144		
PHONE		
( 305 )	253-3403	
Area Code	Number	Ext.

# ARTICLES OF INCORPORATION

of

ASHLEY NAIL SALON, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

ASHLEY NAIL SALON, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) ( \$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ROSABEL M. JOHNSON		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	FLORIDA	ZIP 33144

The principal office, if known, or the mailing address of the corporation is:

NAME	ASHLEY NAIL SALON, INC.		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	FLORIDA	ZIP 33144

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROSABEL M. JOHNSON		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	STATE FLORIDA	ZIP 33144
NAME	DOMINGA A. GARRIDO		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	STATE FLORIDA	ZIP 33144
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROSABEL M. JOHNSON		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	STATE	FLORIDA ZIP 33144
NAME	DOMINGA A. GARRIDO		
ADDRESS	8600 S.W. 8th ST. SUITE 15		
CITY	MIAMI	STATE	FLORIDA ZIP 33144
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14 day of SEPTEMBER, 19 95

\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)

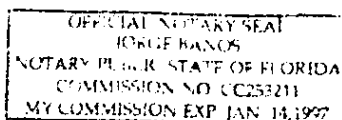
STATE OF FLORIDA )  
COUNTY OF DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: ROSABEL M. JOHNSON and DOMINGA A. GARRIDO

_____ Signature	FL DL #J525-733-70-797-0 _____ Form of Identification
_____ Signature	PERSONALLY KNOWN _____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 14 day of SEPTEMBER, 19 95.

\_\_\_\_\_  
Notary Signature

JORGE BANOS

\_\_\_\_\_  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

ASHLEY NAIL SALON, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 8600 S.W. 8th ST. SUITE 15

MIAMI FLORIDA 33144

has named ROSABEL M. JOHNSON

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

(registered agent)

P95000071344

Miami, September 20, 1995

Secretary of State  
Division of Corporations

To whom it may concern:

I filed a corporation named ASHLEY NAIL SALON, INC., Document No. P95000071344, on the the 15th of September, 1995.

I need to correct the principal and mailing address.

Incorrect address : 8600 S.W. 8th ST. SUITE 15  
Miami, Fl 33144

Correct address: : 9600 S.W. 8th ST. SUITE 15  
Miami, Fl 33174

Thank you and I appreciate your attention.

Sincerely,

ROSABEL M. JOHNSON

95 SEP 21 AM 11:32  
TALLAHASSEE, FLORIDA

8/21

P95000071344



Sandra B. Mortham  
Secretary of State

September 5, 1996

ASHLEY NAIL SALON, INC.  
9600 S.W. 8TH STREET #15  
MIAMI, FL 33174-2947

SUBJECT: ASHLEY NAIL SALON, INC.  
Ref. Number: P95000071344

Debit Memo #: 700534-J

This is to inform you that check #0231 in the amount of \$250.00 submitted with the annual report for ASHLEY NAIL SALON, INC. has been returned by your bank because of NSF.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$240.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after November 5, 1996 and a reinstatement fee of an additional \$385 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 596A00041635

# State of Florida



Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for ASHLEY NAIL SALON, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of November 19, 1996 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P95000071344.

P95000071344

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Nineteenth day of November, 1996



CR2EO22 (2-95)

*Sandra B. Northam*

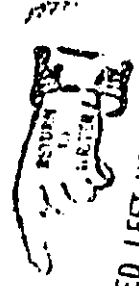
Sandra B. Northam  
Secretary of State



P95000071344



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314



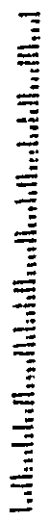
MOVED, LEFT NO ADDRESS

PLWA

ASHLEY NAIL SALON, INC.  
9600 S.W. 8TH STREET  
#15  
MIAMI, FL 33174-2947

747.1

23319/8327



1996 ANNUAL REPORT DISSOLUTION NOTICE