P960000004121

IAZARUS CORPORATE INDUSTRIES. INC. (Requestor's Name)	
890 S.W. 87 AVENUE, SUITE: 16	
(Address)	l
MIAMI, FLORIDA 33174 (305)552-5973	OF
(City, State, Zip) (Phone #)	***************************************
LOCAL REPRESENTATIVE TALLAHASSEE	
(904)385-6715	

Examiner's Initials

OFFICE USE ONLY

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CORPORATION NAME(S)	Œ.	DOCUMENT NUMBER(s) (	if known):

Trademark

Other

CR2E031(10/92)

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2. (Corporatio	n Nome)	(Document #)	
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NEW FILINGS	AMENDMENTS Amendment		96 JAN 12 PH 12: 13 DIVISION OF CORPORATION
NonProfit	Resignation of R.A., Officer/	Director	2 P
Limited Liability	Change of Registered Agent		20 A
Domestication	Dissolution/Withdrawal		13 13
Other	Merger		•••
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report Fictitious Name	Foreign		
Name Reservation	Limited Partnership Reinstatement		

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#### ARTICLES OF INCORPORATION

36 WH 13 LU 51 10

OF

HOLISTIC BEHAVIOUR SYSTEM, 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:

HOLISTIC BEHAVIOUR SYSTEM, INC.

#### ARTICLE II

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 III

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 500 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:

Gamaliel Rivera

1172 N.W. 133 Ct.

Miami, F1 33182

The Principal office shall be:

1172 N.W. 133 Ct.

Miami, F1 33182

#### ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

Joseph A. Lupu	Jose Cabrera	Gamaliel Rivera
7783 Cedar Aurst Ct.	15366 S.W. 42 Lane	1172 N.W. 133 Ct
Lake Worth, Fl 33467	Miami, F1 33185	Miami, F1 33182
President 100%	Vice-President 100%	Secretary 100% Treasurer

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

Joseph A. Lupu

Jose Cabrera

Camaliol Rivora

7783 Codar Aurst Ct.

15366 S.W. 42 Lano

1172 N.W. 133 Ct.

Lake Worth, F1 33467

Miami, F1 33185

Mlami, F1 33182

STATE OF FLORIDA COUNTY OF DADE

SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this ______ day of _______ 19____.

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, 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.

The name of the corporation is: HOLISTIC BEHAVIOUR SYST	'EM, INC.
The name and address of the registered agent and office is:	·
Gamaliel Rivera	<b>9</b> 100
(NAME)	
1172 N.W. 133 Ct.	-10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
(P.O. BOX <u>NOT</u> ACCEPTABLE)	12:45
Miami, F1 33182	<u>ගි</u> ස
(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 1-10-96