# INDUSTRIAS,

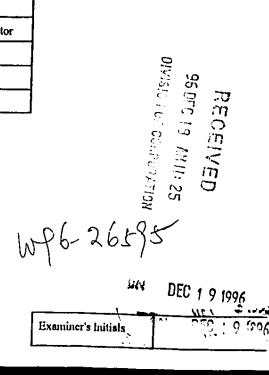
LAZARUS CORPORATE INDU Requestor's Name 890 S.W. 87 AVENUE SUITE: 16
Address 33174 (305)552-5973 MIAMI, FLORIDA City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2100 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status

NEW FILINGS		
X	<sup>P</sup> rofit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

機能	AMENDMENTS OF THE	
	Amendment	
	Resignation of R.A., Officer/ Director	
	Change of Registered Agent	
	Dissolution/Withdrawal	
	Merger	

OTHER FILINGS		20.00
 Annual Report		1,000
Fictitious Name	ļ	L
Name Reservation		L
	1 1	١.

REGISTRATION CONTROL OF THE CONTROL OF T
Foreign
Limited Partnership
Reinstatement
Trademark
Other





#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 18, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: COMMUNICATIONS CONCEPTS INC.

Ref. Number: W96000026595

We have received your document for COMMUNICATIONS CONCEPTS INC. and your check(s) totaling \$122.50. However, the enclosed 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.

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

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 796A00056424



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 I NAME

The name of the corporation shall be: COMMUNICATIONS CONCEPTS SERVICES INC.

### ARTICLE II PRINCIPAL OFFICE

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

8400 N.W. 35TH PLACE MIAMI, FL 33147

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAURA DOBARGANES 8400 N.W. 35TH PLACE MIAMI, FL 33147

#### ARTICLE V INCORPORATOR(S)

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

LAURA DOBARGANES 8400 N.W. 35TH PLACE MIAMI, FL 33147 ALEXANDER DOBARGANES 8400 N.W. 35TH PLACE MIAMI, FL 33147

#### ARTICLE VI DIRECTOR(S)

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

PRESIDENT: LAURA DOBARGANES 8400 N.W. 35TH PLACE MIAMI, FL 33147

VICE-PRESIDENT: ALEXANDER

DOBARGANES 8400 N.W. 35TH PL MIAMI, FL 33147

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 TH day of NOVEMBER 19 96.

Signature

Signature

Signature

# 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 Fiorida.

The name of the corporation is:	COMMUNICATIONS CONCI	EPTS SERVICES INC.
		<u> </u>
The name and address of the regi	stered agent and office is:	78E 961
	LAURA DOBARGANES	SECULIA SE
(NAM	1E)	<u>ق</u> روي:
	8400 N.W. 35TH PLAC	E PS
(P.O. BOX <u>NO</u>	TACCEPTABLE)	RATE
	MIAMI, FL 33147	,
(CITY/S	TATE/ZIP)	
AVING BEEN NAMED AS REGIS ROCESS FOR THE ABOVE STATE! HIS CERTIFICATE, I HEREBY ACCI ND AGREE TO ACT IN THIS CAPA ROVISIONS OF ALL STATUTES RE ORMANCE OF MY DUTIES, AND I IONS OF MY POSITION AS REGIST	O CORPORATION AT THE EPT THE APPOINTMENT / CITY. I FURTHER AGREE ELATING TO THE PROPEI AM FAMILIAR WITH AND	PLACE DESIGNATED I AS REGISTERED AGEN TO COMPLY WITH TH R AND COMPLETE PEI
	SIGNATURE X	Earganel
	DATE	