

P96000012708

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16  
Address

MIAMI, FLORIDA 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

100001710251  
02/08/96--01048--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. SUN TROPIC INSURANCE SERVICES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2:00  
☐ Will wait

☐ Certified Copy  
☒ 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

RECEIVED  
96 FEB - 9 AM 11:09  
DIVISION OF CORPORATION

789-284-672  
W96-2963

JP 2/9/96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

February 8, 1993

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

SUBJECT: SUN TROPIC INSURANCE SERVICES, INC.  
Ref. Number: W96000002963

We have received your document for SUN TROPIC INSURANCE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) SUN TROPIC INSURANCE SERVICE, INC., Document number S17360, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfilled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1992 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$1175.00, therefore, there is a balance of \$1096.25 due. Add an additional \$8.75 for each certificate of status requested.

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

Claretha Golden  
Document Specialist

Letter Number: 296A00005639

RECEIVED  
96 FEB -9 AM 11:30  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**CERTIFICATE OF INCORPORATION  
OF**

96 FEB -9 PM 2:03

**A.A.A.A.A. SUN TROPIC INSURANCE SERVICE, INC.**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the information, rights, privileges, immunities and liabilities of incorporation for profit.

**ARTICLE I**

The name of the corporation should be:

**A.A.A.A.A. SUN TROPIC INSURANCE SERVICE, INC. .**

**ARTICLE II**

The corporation will engage in any activity of business permitted under the laws of the State of Florida and the United States of America.

**ARTICLE III**

The Corporation is authorized to issue and have outstanding and aggregate number of FIVE HUNDRED (500) shares of one class of common stock, having a par-value of ONE (\$ 1.00) DOLLAR per share.

This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

#### **ARTICLE IV**

**All shareholders of the Corporation shall be vested with full preemptive rights.**

#### **ARTICLE V**

**The Name and Address of the Registered agent in the STATE OF FLORIDA is:**

**DAYAMI QUETGLES**

**18217 NW 61 Pl.  
Hialeah Gardens, Fl. 33015**

**The PRINCIPAL OFFICE is:           904 SW 67th Ave.  
Miami, Fl. 33144**

**Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of the Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.**

  
**DAYAMI QUETGLES**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 FEB -9 PM 2:03

#### ARTICLE VI

The number of Directors constituting the Initial Board of Directors of the Corporation is one, the number of Directors may be increased or decreased from time to time By the Laws but shall never be less than one.

#### ARTICLE VII

The name and addresses of the members of the Initial Board of Directors are:

NAME:

ADDRESS:

DAYAMI QUETGLES

904 SW 67th Ave.  
Miami, FL. 33144

#### ARTICLE VIII

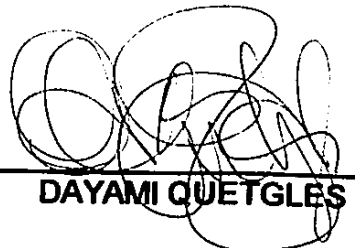
The name and addresses of the Incorporators executing these Articles of Incorporation are:

NAME:

ADDRESS:

DAYAMI QUETGLES

904 SW 67th Ave.  
Miami, FL. 33144



DAYAMI QUETGLES