'LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16 Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

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Office Use Only

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

1. Gall	ino Car	pactin			
	•	(Do	cument #)	·	
2(Cor	poration Name)	(Do	current #)		
3. <u>(Con</u>	voration Name)	(Doc	cument #)		
4. <u>(Con</u>	oration Name)	(Doc	cunent #)		
Walk in	Pick up time	3-100	Certified Copy		
Mail out	Will wait	Photocopy	Certificate of Stat	lus	
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Profit	Amendment		3	11.	
NonProfit	Resignation	of R.A., Officer/ Directo	<u>. </u>	35.64. 31.55	נטו

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	AMENDMENTS! ** AMENDMENTS!
	Amendment
	Resignation of R.A., Officer/ Director
<u> </u>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Annual Report Fictitious Name Name Reservation

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Foreign	
Limited Partnership	1.3
Reinstatement	
Trademark	
Other	

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Examiner's Initials

ARTICLES OF INCORPORATION

OF

GULINO CORPORATION

FILED SUCPUTARY OF STATE DIVISION OF COMPORATIONS

96 HAR -5 PH 2: 05

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:

GULINO CORPORATION

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 1,000 shares, having an individual par value of \$100.00

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: Dr. Rafael B. Medina, Ph.D.

5445 Collins Ave. Unit CU-17 Miami Beach, F1 33140

The Principal office shall be:

4209 Monroe St.
Hollywood, Fl 33021

ARTICLE VI

The initial Board of Directors shall consist of a total oftwo (2) person, and the name and address of the person who is to serve as an initial director is:

Robert Gulino

President

Amparo Gulino

Secretary/Treasurer

4209 Monroe St.

Hollywood, Fl 33021

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

Dr. Rafael B. Medina, Ph.D.
5445 Collins Avenue Unit CU-17
Miami Beach, F1 33/40

	IN WITNESS WHEREOF, the undersigned incorporator has				
(ve)	executed these	Articles of Incorporation this4	<u>t</u> hday		
of	March	, 19 96 .			

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___.

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.

1. The name of the c	orporation is:	GULINO CORPORATION	
2. The name and add	fress of the registered a	gent and office is:	•
	Dr. Rafae	1 B. Medina, Ph.D.	<u>8</u>
	(NAME)		1 02/4 01 02/4 - 200
·	5445 Coll	ins Ave. Unit CU-17	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(P.O. BOX NOT ACCE	PTABLE)	PH 2: 05
	Miami Bea	ch, F1 33140	•
	(CITY/STATE/ZIF	?)	

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.

DATE 3-4-96