

096000022238

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

300001744353  
-03/15/96--01037--002  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. FLORIDA EMPLOYMENT SERVICES CORPORATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ 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

308  
787-509-6012  
W96-5307

RECEIVED  
FEB 11 1996  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 11, 1996

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

**SUBJECT: FLORIDA EMPLOYMENT SERVICES CORPORATION**  
Ref. Number: W96000005307

We have received your document for **FLORIDA EMPLOYMENT SERVICES CORPORATION** and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The corporate name must be identical throughout the document.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 796A00010754

2000-07-15  
96MAR 12 AM 11:42  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR 12 PM 2:07

Florida Employment Services Corporation

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:

Florida Employment Services Corporation *ON*

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 50 shares, having an individual par value of \$10.00 each

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:

Armando Escobar  
15570 SW. 61th Terr  
Miami, Florida 33193

The Principal office shall be:

15570 SW 61th Terr  
Miami, Fla. 33193

#### ARTICLE VI

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

Paola Cuartas  
Hector Vergara

President  
Secret/Treasurer

15570 SW 61th Terr  
Miami, FL 33193

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

Armando Escobar  
15570 SW. 61th Terr  
Miami, Fla 33193

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR 12 PM 2:07

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 corporation is: Florida Employment Services

Corporation

2. The name and address of the registered agent and office is:

ARIANDO ESCOBAR  
(NAME)

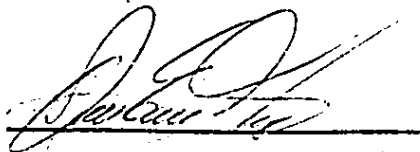
15570 SW 61th Terr  
(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33193

(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



DATE