LAZARUS CORPORATE INDUSTRIES, Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address 19420010101011 1159414880046 001/202006-01044-0117 +44+125250 +44+125250 Office Use Only MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone // LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (1) beument #) Walk in 团 Certified Copy Pick up time 2-100 Photocopy Will wait Mail out Certificate of Status AMENDMENISTA NEW FILINGS W Profit Amendment DIVISION OF CORPORATION Resignation of R.A., Officer/ Director NonProfit 95 MAR 20 AM 10: 57 Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS Annual Report Foreign 789-502-672 Fictitious Name

Limited Partnership Reinstatement Trademark Other

W96-6041

Examiner's Initials

Name Reservation

FILED
SECRETARY OF STATE
DIVISION OF COMPORATIONS

96 HAR 21 PM 2: 10

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

March 20, 1996

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

SUBJECT: TROYA CORPORATION Ref. Number: W96000006041

We have received your document for TROYA CORPORATION 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.

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

Claretha Golden Document Specialist

Letter Number: 096A0001281

95 MAR 21 AM II: 28 DIVISION OF CORPORATION

RECEIVE

## ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAR 21 PM 2: 10

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:

CUANALECO CORPORATION

#### ARTICLE II PRINCIPAL PEICE

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

1840 W 49 STREET SUITE #723 HIALEAH FL 33012

#### ARTICLE III SHARES

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

1000-1

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

LETICIA M ALONSO 1840 W 49 STREET SUITE #723 HIALEAN FL 33012

#### ARTICLE V \_\_\_ INCORPORATOR(S)

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

LETICIA M ALOPSO 1840 Y 40 STREAT SULTE #720 HIALEAN FL 33012

#### ARTICLE VI DIRECTOR(S)

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

LETICIA M ALOUSO 1840 M 49 STREET SUITE #728 HIALEAH FL 58012

Articles of Incorporation Filing Fee - \$35

# CENTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant 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: CHANALEGO CORPORATION 2. Ine name and address of the registered agent and office is: (P.O. BOX NOT ACCEPTABLE) HIALEAU EL 32012 (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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE

DATE 3/20/95