

P96000029005

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

Office Use Only

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

1. PAYLESS CASKETS, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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  Photocopy    
  Certificate of Status

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 96 APR -3 PM 1:26

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<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
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Examiner's Initials 9/4/3/96

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Date APRIL 1, 1996

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re PAYLESS GASKETS, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

PAYLESS GASKETS, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION

5545 S.W. 8 ST., STE 109

MIAMI, FLORIDA 33134

PHONE

( 305 ) 263-7330 263-7332

Area Code

Number

Ext.

# ARTICLES OF INCORPORATION

of

PAYLESS CASKETS, CORP.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

PAYLESS CASKETS, CORP.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares ( 1,000 ) of ONE Dollar(s) ( \$ 1.00 ) par value Common Stock, which shall be designated 'Common Shares.'

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	CARLOS A. NAVAS
ADDRESS	5545 S.W. 8 ST., STE 109
CITY	MIAMI FLORIDA
	ZIP 33134

The principal office, if known, or the mailing address of the corporation is:

NAME	PAYLESS CASKETS, CORP.
ADDRESS	5545 S.W. 8 ST., STE 109
CITY	MIAMI FLORIDA
	ZIP 33134

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR ( 4 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	TANYA ALAS	DIRECTOR	100% SHARES
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE FLORIDA	ZIP 33134
NAME	CARLOS A. NAVAS	PRESIDENT	
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE FLORIDA	ZIP 33134
NAME	JAIRO CLAVIJOS	VICE PRESIDENT	
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE FLORIDA	ZIP 33134
NAME	JUAN A. ALAS	TREASURER/ SECRETARY	
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE FLORIDA	ZIP 33134

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**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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PAYLESS CASKETS, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 5545 S.W. 8 ST., STE 109

MIAMI, FLORIDA 33134

has named CARLOS A. NAVAS

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Carlos Navas  
*(registered agent)*

P96 0000029005

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

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N. HENDRICKS NOV 14 1996

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: PAYLESS CASKETS, CORP.

SECOND: The date dissolution was authorized: NOVEMBER 8, 1996

THIRD: Adoption of Dissolution (check one)

- [X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
[ ] Dissolution was approved by vote of the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by [ ] (voting group)

Signed this 12 day of NOVEMBER, 1996

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TALLAHASSEE, FLORIDA

Signature [Handwritten Signature]
(By the Chairman or Vice Chairman of the Board, President, or other officer)

CARLOS A. NAVAS
(Typed or printed name)

PRESIDENT
(Title)

Signature [Handwritten Signature]
(By the Chairman or Vice Chairman of the Board, President, or other officer)

JAIRO CLAVIJOS
(Typed or printed name)

VICE-PRESIDENT
(Title)