

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 #)

☒ Walk in

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☐ 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/REINSTATEMENT	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS
96 APR -3 PM 1:26

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96 APR -3 AM 10:54
DIVISION OF CORPORATIONS

4/3/96

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DIVISION OF CORPORATIONS

96 APR -3 PM 1:26

Date APRIL 1, 1996

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

Re PAYLESS CASKETS, 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 CASKETS, 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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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	CARLOS A. NAVAS		
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE	FLORIDA ZIP 33134
NAME	JAIRO CLAVIJOS		
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE	FLORIDA ZIP 33134
NAME	JUAN A. ALAS		
ADDRESS	5545 S.W. 8 ST., STE 109		
CITY	MIAMI	STATE	FLORIDA ZIP 33134

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1ST day of APRIL, 1996

Carlos Navas (Seal)
Jairo Clavijos (Seal)
Juan A. Alas (Seal)

STATE OF FLORIDA)
COUNTY OF DADE) SS

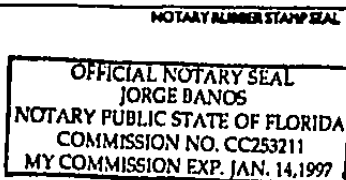
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Carlos Navas Signature
Jairo Clavijos Signature
Juan A. Alas Signature

FL DL #N120-101-42-388-0
Form of Identification

CA DL # SO - 832500
Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 1st day of APRIL, 1996

Jorge Banos Notary Signature
JORGE BANOS
Notary Signature

**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)

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LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

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Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

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*****35.00 *****35.00

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N. HENDRICKS NOV 14 1996

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)

- ☒ 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, 19 96

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

CARLOS A. NAVAS
(Typed or printed name)

PRESIDENT

(Title)

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

JAIRO CLAVIJOS

(Typed or printed name)

VICE-PRESIDENT

(Title)

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