

**P 96000040030**

LAZARUS CORPORATE INDUSTRIAL, 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

RECEIVED  
DIVISION OF CORPORATION  
MAY - 9 1996

Office Use Only

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

1. PREVENTIVE UNLIMITED, INC.  
(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               |

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|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|

## ARTICLES OF INCORPORATION

RECEIVED  
JAN 12 1966  
TALLAHASSEE, FLORIDA

*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:

PREVENTIVE UNLIMITED, INC.

### ARTICLE II PRINCIPAL OFFICE

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

PREVENTIVE UNLIMITED, INC.  
5860 TAMiami TRAIL SUITE 2  
MIAMI, FLORIDA 33144

### ARTICLE III SHARES

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

100 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANA M. PARDILLO  
5860 TAMiami TRAIL SUITE 2  
MIAMI, FLORIDA 33144

ARTICLE V INCORPORATOR(S)

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

ANA M. PARDILLO  
5860 TAMiami TRAIL SUITE 2  
MIAMI, FLORIDA 33144

ARTICLE VI DIRECTOR(S)

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

ANA M. PARDILLO  
5860 TAMiami TRAIL SUITE 2  
MIAMI, FLORIDA 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of MAY, 19 96.

Ana M. Pardillo  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

2261448 P. 04

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 807.0501 or 817.0501, 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: PREVENTIVE UNLIMITED, INC.

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

ANA M. PARDILLO

(NAME)

5860 TAMiami TRAIL SUITE 2

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33144

(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 Ana M. Pardillo

DATE \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$35.00