

P96000040321

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

LAW OFFICES OF THE FIRM  
1050 BRICKELL AVENUE, SUITE 1000  
MIAMI, FLORIDA 33131-1250

Office Use Only

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

1. NEW CHOICE WATER DAMAGE SPECIALISTS,  
(Corporation Name) (Document #)

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

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

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

Walk in

Pick up time 9:00

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

RECEIVED  
MAY 10 1996  
DIVISION OF CORPORATION

SN MAY 10 1996

Examiner's Initials

## ARTICLES OF INCORPORATION

MALIBU, 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:

NEW CHOICE WATER DAMAGE SPECIALISTS, Inc

### ARTICLE II. PRINCIPAL OFFICE

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

DADE COUNTY  
14675 S. BISCAYNE RIVER DR.  
MIAMI, FL 33168

### ARTICLE III. SHARES

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

100 SHARES / \$0.00 SHARE

### ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANIEL ESTREMAPOYRQ  
14675 S. BISCAYNE RIVER DR.  
MIAMI, FL 33168

**ARTICLE I INCORPORATION(S).**

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

LUCY ENRIQUEZ  
14675 S. Biscayne River Dr.  
MIAMI FL 33168

**ARTICLE VI DIRECTOR(S).**

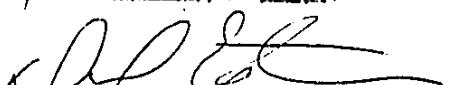
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

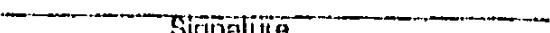
DANIEL ESTREMODURO - PRESIDENT  
6785 Indian Creek Dr.  
MIAMI BEACH, FL 33141

LUCY ENRIQUEZ  
14675 S. Biscayne River Dr. - SECRETARY / TREASURER.  
MIAMI FL 33168

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

9 day of May, 1996.

  
Signature

  
Signature

  
Signature

Articles of Incorporation  
Filing Fee - \$35

CERTIFICATE OF RESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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: NEW CHOICE WATER  
DAMAGE SPECIALISTS, Inc.

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

DANIEL ESTRELLA YRO  
(NAME)

14675 S. Biscayne River Dr.  
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33168  
(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 D. Estrella  
DATE 5/3/96