## Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 MIANI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone W Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): TS CORPORPTION (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_\_\_\_\_\_\_ Certified Copy Mail out Certificate of State Will wait **□** Photocopy THENEW FILINGS AMENDMENTS Profit **Amendment NonProfit** Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent 96 MAY 31 AN IO: 56 \ **Domestication** Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement **Trademark** Other

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Examiner's Initials

CR2E031(1/95)

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

May 31, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: ELIS CORPORATION Ref. Number: W96000011557

We have received your document for ELIS 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.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 096A00027252

FILED

# ARTICLES OF INCORPORATION OF

96 JUN -4 PM 3: 15

STELLA CORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### ARTICLE

The name of this corporation shall be:

STELLA CORPORATION

#### ARTICLEII

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLEIII

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate name.

#### **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### **ARTICLE Y**

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

### ARTICLE VI

The street address of the initial registered office and one name of the initial Resident Agent of this corporation shall be:

ELSA RIOS 1790 W., 49th Street Suite 217 Hialeah, FL 33012

The principal address shall be 1790 W., 49th Street Suite 217 Hialcah, FL 33012

#### **ARTICLE VII**

The initial Board of Directors shall consist of a total of two (2) persons and the name and address of the persons who are to serve as an initial directors are:

PRESIDENT / TREASURER ALFONSO STELLA 15040 SW, 103rd Lane, # 3105 Miami, FL 33196

<u>VICE-PRESIDENT / SECRETARY</u> MARIA I. MOURIÑO 15040 SW, 103rd Lane, # 3105 Miami, FL 33196

The name and address of the incorporator executing these Articles of Incorporation is:

ELSA RIOS 1790 W., 49th Street Suite 217 Hialcah, FL 33012

Articles of Incorporation this 31 d	ndersigned incorporator has (ve) executed these ay of
and the second	- 11. 11. 11. 11. 11. 11. 11. 11. 11. 11
STATE OF FLORIDA	
COUNTY OF DADE	
to me avi known by me to be the pe Incorporation, and he (they) acknowledge of Incorporation.	orized to take acknowledgements in the state and red Alfonso Stella and Maria 1. Mourifie known rson (s) who executed the foregoing Articles of the before me that he (they) executed those Articles hereunto set my hand and affixed my official scal day of May 19.96.
	NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
My Commission Expires:	

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or \$17.0501, 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.

STELLA CORPORATION	
. The name and address of the registered agent and office is:	<b>5.</b> 9
Elsa Ríos	
(NAME)	7
	SEE
1790 W., 49th St., Suite 217	
(P.O.BOX NOT ACCEPTABLE)	CR.
	5r. 0
Hialcah, F1 33012	<b>&gt;</b>
(CITY/STATE/ZIP CODE)	

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	<u> </u>		
	Date	05/31/96	