

P 960000477/3

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. MIAMI COMMUNITY SERVICE CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
JUN 15 PM 1:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

☒ 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

RECEIVED  
JUN 15 AM 10:48  
DIVISION OF CORPORATION

## ARTICLES OF INCORPORATION

MIAMI COMMUNITY SERVICE CORP.

FILED  
96 JUN -5 PM 1:28  
SECRETARY OF STATE  
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: MIAMI COMMUNITY SERVICE CORP.

### ARTICLE II PRINCIPAL OFFICE

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

1629 WEST FLAGLER STREET, MIAMI, FLORIDA 33135

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND (1,000) Shares, all of which shall be common shares with no Par Value per Share.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMILIO PUENTES  
225 S.W. 99 AVENUE  
MIAMI, FLORIDA 33174

**ARTICLE V INCORPORATOR(S)**

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

EMILIO PUENTES

225 S.W. 99 AVENUE  
MIAMI, FLORIDA 33174

JOSEPH COMAS

3553 N.W. FLAGLER TERRACE  
MIAMI, FLORIDA 33125

**ARTICLE VI**

This Corporation shall have the following officers and directors:

EMILIO PUENTES President, (50% SHARES )  
225 S.W. 99 AVENUE MIAMI, FL 33174

JOSEPH COMAS Vice Pres, (50% SHARES )  
3553 N.W. FLAGLER TERRACE MIAMI, FL 33125

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

3<sup>rd</sup> day of June, 19 96.

  
Signature

  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

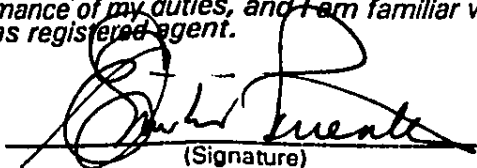
1. The name of the corporation is: MIAMI COMMUNITY SERVICE CORP

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

EMILIO PUENTES.  
(Name)  
225 S.W. 99 AVENUE  
(P.O. Box not acceptable)  
MIAMI, FLORIDA 33174  
(City/State/Zip)

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96 JUN -5 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

6/3/96  
(Date)

P96000047713

8/23/96

Emilio Padua

96 AUG 26 AM 10:23  
DIVISION OF CORPORATION

FILED  
SEP - 4 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requester's Name  
Miami Community Services  
Address  
1629 W. Flagler St  
Miami, FL 33125  
City State ZIP Phone  
643-5161

400001931624  
-08/26/96--01012--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

CORPORATION(S) NAME

Miami Community Services Corporation

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution          | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation          | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies         | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready      | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Will Wait                 | <input type="checkbox"/> Pick Up              | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Mail Out                  |   |   |

Name	<u>ASL</u>
Availability	<u>2/28/96</u>
Document	<u>105H</u>
Examiner	<u>ASL</u>
Updater	<u>ASL</u>
Verifier	<u>ASL</u>
Acknowledgment	<u>ASL</u>
W.P. Verifier	<u>ASL</u>

100789, 00524, 8/26  
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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
96 AUG 28 AM 10:12  
DIVISION OF CORPORATION

August 26, 1996

EMPIRE

MIAMI, FL 33130

SUBJECT: MIAMI COMMUNITY SERVICE CORP.  
Ref. Number: P96000047713

We have received your document for MIAMI COMMUNITY SERVICE CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The Incorporator(s) cannot be amended or changed. Please correct your document accordingly.

IN PART FOURTH, ONLY ONE BOX SHOULD BE CHECKED. PLEASE ERASE THE X IN THE BOX STATING THAT THE AMENDMENT WAS ADOPTED BY THE INCORPORATORS.

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

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 296A00040390



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
96 SEP -6 AM 10:00  
DIVISION OF CORPORATION

August 28, 1996

EMPIRE

MIAMI, FL

SUBJECT: MIAMI COMMUNITY SERVICE CORP.  
Ref. Number: P96000047713

We have received your document for MIAMI COMMUNITY SERVICE CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please delete the reference in the second paragraph referring to the resignation of Joseph Comas. He does not need to file the Resignation of Officer form since we are changing the officers in the amendment. If he wishes to file the resignation of officer form the fee will be an additional \$35.00.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 396A00040790

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

MIAMI COMMUNITY SERVICE CORP.

MIAMI, COMMUNITY SERVICE CORP

(present name)

**FILED**  
96 AUG 28 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or ~~deleted~~)

ARTICLE V- INCORPORATORS-

**FILED**  
96 SEP -4 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EMILIO PUENTES

225 S.W. 99 AVENUE  
MIAMI, FLORIDA 33174

ARTICLE VI

THIS CORPORATION SHALL HAVE THE FOLLOWING OFFICERS AND DIRECTORS:

MAGALY PUENTES  
1832 N.W. FLAGLER TERR # 2  
MIAMI, FLORIDA 33125

TREASURER, (100% SHARES)

EMILIO PUENTES  
225 S.W. 99 AVENUE  
MIAMI, FLORIDA 33174

PRESIDENT

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: JULY 18, 1996



**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were  
sufficient for approval by \_\_\_\_\_,"  
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 18th of July, 19 96.

Signature [Signature]  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MARGALY PUENTES  
Typed or printed name

TREASURER

Title