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LAZARUS CORP	ORATE INDUSTRIES, INC.			
890 S.W. 07	AVENUE SUITE: 16	_	1 () () ()	0149415295.94
MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE			Office Use On	ត្រូវ
	NAME(S) & DOCUMENT N	(<u> </u>	if known):	
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Profit NonProfit Limited Liability	Amendment Resignation of R.A., Officer/E Change of Registered Agent	y Cc	rtified Copy	3
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Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ D Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION Foreign Limited Partnership	Ce	rtificate of Status	3
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/L Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION Foreign Limited Partnership Reinstatement	Ce	rtificate of Status	3

. AR	TICLES	S OF INCORP	ORATION	6.72
· PBRAHAM	(4)	re Con	\mathcal{C} .	95 Am (1 1.17)
	(n	ame of corporation	n)	William 9 PH
The undersigned acting as the incorporation for suc	tors of a c h corpora	orporation under t tion:	he Florida Busin	ess Corporaton Act, adopt (1) 5
	ARTICL	E I - CORPORATI	E NAME	
The name of the corporation is: ABRAHAM CA	FE	CORP.		
	ART	ICLE II - DURATI	ION	
This corporation shall exist perpetually t	inless diss	solved according to	o Florida law.	
	ART	TCLE III - PURPO)SE	
The corporation is organized for the purp United States and the State of Florida.				s permitted under the laws of the
The corporation is authorized to issue		E IV - CAPITAL S shares of common		e \$ <u>1.00</u> per share.
ART The street address of the initial principal		INITIAL PRINCIF I, if different, the r		s:
STREET ADDRESS 6500	Jv 4	1th Ave	#17	
CITY HIBLEAN	<u> </u>	FLOR	IDA	ZIP 33 012
Mailing address, if different				
STREET ADDRESS		<u> </u>		<u> </u>
		···········		
CITY		FLORI	DA	ZIP
ARTICLE VI - The street address of the initial registe		REGISTERED C		
NAME A.CRAHAM ADDRESS 6500 W	456	AVO A	J. 17	
CITY // A/ 24/2	7/11	FLORI	DA	ZIP 33 0/2

ARTICLE VII - INITIAL BOARD OF DIRECTORS

either ingrea	rporation shall have(ws, but shall t	etors initi never be i	ally. The number of directors may be ess than one (1). The names and
NAME	ABRAHAM 11 BUL	n e J		
ADDRESS	6500 West 4th Are	2 =1/	17	
CITY	HIALEAK	STATE	F/	ZIP 330/2
NAME	CARIDAN Quinter			
ADDRESS	6500 West 4th Ave	11/17	1	
CITY	HIALEAK	STATE	F/	Z10 830/2
NAME				
ADDRESS				
CITY		STATE		ZIP
Thu massac to	ARTICLE VIII - and addresses of the incorporators signing these Art			are as follows:
NAME	ABRAHAM H. BULNES	2 //	1164 -	1 - Kes/150/11
ADDRESS	6500 West 4th AVE	*		71D - 11 d (5
CITY	HiALEAh -	STATE	<i>F</i> /	
NAME	CARIDAD QUINTERE			
ADDRESS	6500 West 41/1 Ave			
CITY	HIALEAK-	SIAIE	F/	ZIP330/2
NAME			. <u></u>	
ADDRESS				ZID
CITY	•	STATE		ZIP
	gned incorporator(s) have executed these Artic	cles of Incor	poration	this
lay of	August	, 19 <u>96</u>	•	
	<u>v</u>	Sanda	ied	(Signature) (Signature)
		100 /	/	19.112 m

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

APSRAHHOU CAFE (name of cor	COKF.
(name of cor	poration)
Pursuant to Florida Statutes Sections 48.091 and 6	07.0501, the following is submitted:
The above corporation, organized under the laws of	of the State of Florida with its registered office
as indicated in the Articles of Incorporation at 6500 West 44h F HIALEAN - FI has named ABRAHAM H. B	1 ve- # 17
HIRLEAN - FI.	33012
has named ABRAHAM H. B	ULnes .
located at the aforesaid address, as its registered ag	gent to accept service of process within this
state.	₩
	ECA
	(A)
Having been named as registered agent and to acce	ept service of process for the above states
corporation at the place designated in this certifica	
tered agent and agree to act in this capacity. I furth	
statutes relating to the proper and complete perform	nance of my duties, and I am familiar with
and accept the obligations of my position as registe	ered agent.
apralay Bulus	E-6-96 (Date)
(Signature)	(Date)