M1AM1, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # 11 000 001 1 \$139333333377 -08720706 -01720-020 +++++76.75 +++++70.75 Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. ardres dining ation Consultant & c (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy 山 Walk in Pick up time \_\_\_\_\_\_\_ Mail out Photocopy Certificate of Status Will wait **NEWFILINGS** AMENDMENI'S PARTY DIVISION OF CORPORATION 96 AUS 20 AH 10: 54 RECEIVED Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger CHIENFILINGS wa6-17476 **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)



August 20, 1996

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

SUBJECT: ANDRIEN IMMIGRATION CONSULTANTS, INC. Ref. Number: W96000017476

We have received your document for ANDRIEN IMMIGRATION CONSULTANTS, INC. and your check(s) totaling \$78.75. 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 or 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: 596A00039608

# **ARTICLES OF INCORPORATION**

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:

ANDRIEN IMMIGRATION CONSULTANTS, INC.

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## ARTICLE II PRINCIPAL OFFICE

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

5370 PALM AVENUE SUITE:8 HIALEAH, FLORIDA 33012

#### ARTICLE III SHARES

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

SHARES: 100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA T. HERNANDEZ 5370 PALM AVENUE SUITE:8 HIALEAH, FLORIDA 33012

#### ARTICLE V INCORPORATOR(S)

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

MARIA T. HERNANDEZ 5370 PALM AVENUE SUITE:8 HIALEAH, FLORIDA 33012

#### ARTICLE VI DIRECTOR(S)

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

MARIA T. HERNANDEZ 5370 PALM AVENUE SUITE:8 HIALEAH, FLORIDA 33012

he undersigned	ncorporator(s) has(have) exe	cuted these Articles of Incorporation thi
· · · · · · · · · · · · · · · · · · ·	day of <u>August</u>	<u> </u>
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· <u>·</u>	Signatur	

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION 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, se bmills the following statement in designating the registered office/registered agent, in the State of Florida.

۱.	The name of the corporation is: <u>ANDRIEN_IMMIGRATION_CO</u>	NSULTA . L	S, I	LNG
	The name and address of the registered agent and office is:	TALL	96	<del></del>
_	MARIA T. HERNANDEZ	22. P	AUG	٦
	(NAME)	- <del>                                     </del>	9	֓֞֞֞֟֓֓֟֟֝֟֟֝֟֟֟֝֟֟֟֟֝֟֟֟֝֟֟֟ ֖֖֖֖֖֖֓
	5370 PALM AVENUE SUITE:8 (P.O. BOX NOT ACCEPTABLE)		22	Ċ
	(P.O. BOX NOT ACCEPTABLE)	IATE	3: 5	_
	MIAMI, FLORIDA 33012			
	(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 REGIST. RED 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 8/19/96