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| | | NTATIVE TALLAHASSE Office Use Only NAME(S) & DOCUMENT NUMBER(S), (if known): | |
| | 1. <u>R</u> (Co) | TNC (Document #) | , |
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| | 4(Cor | ration Name) (Document #) | |
| | Mail out | Pick up time 5/05 Certified Copy Will wait | **] |
| | NEW FILINGS | AMENDMENTS | 52) 2 |
| ~ | Profit | | ų |
| | NonProfit | Resignation of R.A., Officer/ Director Change of Registered Agent | _ |
| | Limited Liability | Change of Registered Agent | |
| | Domestication | Dissolution/Withdrawal | |
| | Other | Merger | |
| | OTHER FILINGS Annual Report | REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |) |
| | Fictitious Name | Foreign S S S | |
| | Name Reservation | Limited Partnership | |
| | | Reinstalement | |
| | | Trademark 2 | |
| | | Other / b | |

Examiner's Initials (7 Hg/29/94)



August 26, 1998

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

SUBJECT: R C L. INC.

Ref. Number: W96000017922

XUL, INC.

We have received your document for R-G-L-INC, 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 entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the discolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please all (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 $\frac{20}{50}$ [304] 487-6915.

Pamela Hall Document Specialist

Letter Number: 396A00040436

ARTICLES OF INCORPORATION

<u>OF</u>

FILED

95 VIIG SB PIT 4: 23

TALLAHASSEE FLORIDA

XCL Inc.

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 | NAME

The name of the corporation shall be: X C L, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8440 N.W. 58 St. Miami, Fl. 33166

ARTICLE III CAPITAL STOCK

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

60 (Sixty) shares NON PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Enrique Ros, Jr. 8440 N.W. 58 St. Miami. Fl. 33166

ARTICLE V INCORPORATOR(S)

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

Enrique Ros, Jr. 8440 N.W. 58 St. Miami, Fl. 33166

President

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGIST/ERED OFFICE

Pursuant to the provisions of Section 607,325, Ficultia Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in 1 ht 23 designating the registered office/registered agent in the State of Florida. TALLAHASSEET LORIDA 1. The name of the corporation is: X C.L., INC. 2. The name and address of the registered agent and office is: Enrique Ros. In. 8440 N.W. 58 St. (P.O. BOX NOT ACCEPTABLE) Mlami, Fl. 33166 (CITY/STATE/ZIP) SIGNATURE > (corporate officer) TITLE _ President DATE 8-23-96 HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PER-FORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES. SIGNATURE 4 8-23-96 DATE