

P96000084943

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

SEP 15 1996 11:47 AM
TALLAHASSEE, FLORIDA
*****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CARIBBEAN FURNITURE, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ 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
96 OCT 15 AM 11:01
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

of
CARIBBEAN FURNITURE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CARIBBEAN FURNITURE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares (1,000) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	SEPTIMIO GASTON SILVA		
ADDRESS	12705 N.W. 42 AVE., ROOM E-27		
CITY	MIAMI	FLORIDA	ZIP 33034

The principal office, if known, or the mailing address of the corporation is:

NAME	CARIBBEAN FURNITURE, INC.		
ADDRESS	12705 N.W. 42 AVE., ROOM E-27		
CITY	MIAMI	FLORIDA	ZIP 33034

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	SEPTIMIO GASTON SILVA			PRESIDENT-TREASURER-SECRETARY
ADDRESS	12705 N.W. 42 AVE., ROOM E-27			
CITY	MIAMI	STATE	FLORIDA	ZIP 33034
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	SEPTIMIO GASTON SILVA		
ADDRESS	12705 N.W. 9 ST., ROOM E-27		
CITY	MIAMI	STATE	FLORIDA
NAME		STATE	FLORIDA
ADDRESS		ZIP	33034
CITY		STATE	
NAME		STATE	
ADDRESS		ZIP	
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14 day of OCTOBER, 19 96

[Signature] (Seal)
[Signature] (Seal)
[Signature] (Seal)

STATE OF FLORIDA

COUNTY OF DADE) SS

before me, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared: SEPTIMIO GASTON SILVA

[Signature] FL DL# S135-783-54-380-0
 Signature Form of Identification
 Signature Form of Identification
 Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
 JORGE BANOS
 NOTARY PUBLIC STATE OF FLORIDA
 COMMISSION NO. CC253211
 MY COMMISSION EXP. JAN. 14, 1997

Witness my hand and official seal in the County and State last aforesaid this 14 day of OCTOBER, 19 96

[Signature]
 JORGE BANOS
 Notary Public

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

CARIBBEAN FURNITURE, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 12705 N.W. 9 ST., ROOM E-27

MIAMI, FLORIDA 33034

has named SEPTIMIO GASTON SILVA

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.



(registered agent)

56 OCT 15 AM 11:47
TAMPA, FLORIDA