DQ/0000Q6/23

. 491	600000866	
LAZARUS CO	RPORATE INDUSTRIES, INC. Requestor's Name	
890 S.W. 8	7 AVENUE SUITE: 16 Address	
City/Stn	•	**************************************
	ESENTATIVE TALLAMASSEE	Office Use Only
CORPORATIO	N NAME(S) & DOCUMENT NU	MBER(S), (if known):
1./H ESG	Of Diporation Name) The COTHOR OF	Document #) Document #)
3(Cc	riporation Name) (i	Document #)
4	iporation Nanic)	Document #)
☐ Mail out	Pick up time 3,00	Certificate of Status
AREW FILINGS	AMENDMENTS	- F - F - F - F - F - F - F - F - F - F
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Dire	color
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawn1	
Other	Merger	
Annual Report Fictitious Name Name Reservation	Foreign Limited Partnership Reinstatement Trademark	DIMISION OF COMPLEXION SE
	Other	SN OCI 1 8 1996
7272111		Examiner's Initials 5
R2E031(1/95)		

ARTICLES OF INCORPORATION LA ESQUINA DE PEDRO, INC. (Proper Noun) 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 CORPORATION NAME The corporation's name shall be:___ LA ESQUINA DE PEDRO, INC. ARTICLE II DURATION This corporation shall exist perpetually unless dissolved according to Florida laws. ARTICLE III **PURPOSE** The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida. ARTICLE IV CAPITAL STOCK The corporation is authotized to issue FIVE HUNDRED (500) shares of (\$1.00) par value Common Stock, which shall be designated ONE DOLLAR "Common Shares". ARTICLE. V PLACE OF BUSINESS The principal place of business of said corporation, shall be: 2156 NW 7th. AVENUE MIAMI, FLORIDA 33127 ARTICLE VI NUMBER OF DIRECTORS The number of Directors of this corporation, shall be no less than one (1)

> ARTICLE VII **BOARD OF DIRECTORS**

nor more than fifteen (15).

The name and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

		NAME: ALDO	SOSA				
-,			6565 SW 29th.				
•		CITY: MIA	MISTA	TE: FL	_z.c.;3	3155	
	1	NAME :					
		ADDRESS:					
		CITY:	STA	TE:	Z.C.:_		
		NAME:	·				
	}	ADDRESS:		·	 . ,		
	٠,	CITY:	STA	TE :	_z.c.:_		
	ľ	NAME :					
	1	ADDRESS:					
		CITY:	STA	ΓE:	_z.c.:_		
	-		ARTICLE V	111	···		
			INCORPORAT				
The nar incorporat	mes and tion, ar	addresses of e as follow:	the incorporat	ors si	gning th	ese Article	s of the
	NAME:	ALDO SOSA			TITLE	PRESIDENT	7
	_	S: 6565 SW 29				THEOTORITI	1
	CITY:	IMAIM	STATE	: FL	7.C.:	33155	-
	NAME:	ALDO SOSA			TITLE:	SECRETARY	7
	ı		9th. STREET			<u>DEONE IMIT</u>	†
			STATE	: FL	Z.C.:	33155	1
	NAME:				TITLE:		₹
•	ADDRESS	5:					1
	CITY:_		STATE	:	Z.C.:		1
	NAME:				TITLE:		1
	ADDRESS	S:				<u> </u>	1
	CITY:		STATE		Z.C.:		1
İ	NAME:				TITLE:		†
!	ADDRESS				<u> </u>		1
ľ	CITY:		STATE:		Z.C.:		1
IN WITNE F Incorpor	ation,	EOF, the unser		iber(s) have e , 19_96	xecuted the	
- K	1 10		(Seal)				(Sea
			(Seal)				(Sea
			(Seal)				(Sea
			-2-				

STATE OF FLORIDA COUNTY OF DADE

Before me, a Notary Public authorized to take adknowledgement in the State and County set for above, personally appeared:

____ ALDO SOSA

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 18 day of October , 1996.

Notary Public State of Florida at large

BERNARDO BALLINA Notory Public-State of Rorida My Commission Expires APR 19, 1997 COMM. # CC271480

CERTIFICATE OF REGISTERED AGENT

0F

LA ESQUINA DE PEDRO, INC. (Name of Corporation)	
In pursuance of Chapter 48.091, Florida Statutes, the following is sumitted, in compliance with said Act:	ıb-
FIRST: That LA ESQUINA DE PEDRO, INC. desiring to)
·	
organize under the laws of the State of Florida with its principal offic	е,
as indicated in the articles of incorporation at City of MIAMI	
County of <u>DADE</u> State of <u>FLORIDA</u> , has named:	
To: ALDO SOSA	
Located at: 2156 SW 29th. STREET	1
City of: MIAMI County OF: DADE	الله السنا
State of Florida	\$.5
as its Agent to accept service of process within this State.	
ACKNOWLEDGEMENT THE THE TAX STATES.	
as its 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	