

P96000092365

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

Office Use Only

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

1. TRANSAMERICA BUSINESS SERVICES, INC
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 100000001527-0
-11/12/96--01016--013
****122.50 ****122.50

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
NOV 12 1996
TALLAHASSEE, FLORIDA
12:29 PM
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
OF
TRANSAMERICA BUSINESS SERVICES, INC.

FILED
96 NOV 12 AM 11:29
TALLAHASSEE, FLORIDA

The undersigned acting as subscribers of a Corporation under the Florida Corporation Law, adopt the following Articles of Incorporation for such Corporation.

ARTICLE I

The name of the Corporation is:

TRANSAMERICA BUSINESS SERVICES, INC.

ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00) per share.

ARTICLE IV

The period of duration of the Corporation is perpetual.

ARTICLE V

The amount of capital with which the Corporation shall begin business is not less than SIX HUNDRED DOLLARS (\$600.00).

ARTICLE VI

The Principal address of the initial Registered Office of the

Corporation is: 2441 N.W. 93 AVENUE, SUITE 109, MIAMI, FLORIDA 33145 and the name of its initial Registered Agent at such address is:

MONICA MONTALVO

ARTICLE VII

The number of directors constituting the initial Board of Directors of the Corporation is one.

MONICA MONTALVO

2441 N.W. 93 Avenue, Suite 109
Miami, Florida 33172

ARTICLE VIII

The name and address of the initial subscribers is:

MONICA MONTALVO

2441 N.W. 93 Avenue, Suite 109
Hialeah, Florida 33012

ARTICLE IX

The following named person shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:

MONICA MONTALVO

President, Secretary, Treasurer and Director

ARTICLE X

Shareholders shall not be entitled to preemptive rights.

IN WITNESS WHEREOF, we the undersigned, have made, subscribed and acknowledged this Article of Incorporation, this 5th day of November, 1996.

I hereby accept the appointment as registered 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.

Monica Montalvo
MONICA MONTALVO, Subscriber and
Registered Agent

STATE OF FLORIDA

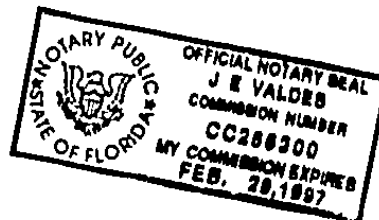
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgments, personally appeared MONICA MONTALVO, to me known to be the person(s) described in or who (have)(has) produced N/A as identification and who executed the foregoing document and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 5th day of November, 1996.

My commission expires:

[Signature]
NOTARY PUBLIC, State of Florida



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TALLAHASSEE, FLORIDA

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FILED