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

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if k

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1. <u>SH 0</u> 2	(Corporation Name) (Document#)
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3 4	(Corporation Name) (Document #)
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Walk in Mail out	Pick up time 7,00 Certified Copy Will wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	20

國際	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



Examiner's Initials

ARTICLES OF INCORPORATION OF

96 NOV 21 PH 12: 1,9

SEC. LATIASSEE, FLOR'DA

Shocker International, Inc.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### ARTICLE 1

The name a corporation shall be:

Shocker Edernational, Inc.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate name.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

## ARTICLE Y

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

### ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LEOPOLDO RIOS 1790 W 49th St. Suite # 217. Hialeah FL 33012

The principal address shall be: 1790 W 49th St. Suite # 217.. Hinleah FL 33012

# ARTICLE VII

The initial Board of Directors shall consist of a total of one (1) person and the name and address of the persons who are to serve as an initial directors are:

PRESIDENT / TREASURER / SECRETARY
Isabel Martin
8525 N.W. 68th St.
Miami FL 33166

VICEPRESIDENT Antonio Martin 8525 N.W. 68th St. Miami FL 33166

The name and address of the incorporator executing these Articles of Incorporation is:

Leopoldo Rios 1790 W 49th St. Suite # 217. Hialeah FL 33012

IN WITNESS WHEREOF, the under Articles of Incorporation this 18 day	or signed incorporator has (ve) executed these of November, 19_96_
STATE OF FLORIDA	
COUNTY OF DADE	
to be the person (s) who executed the fore acknowledge before me that he (they) executed the control of the con	Punto get my bond and account acc > c
	NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

# 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, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is:	
Shocker International, Inc.	
2. The name and address of the registered agent and office is:	
Leopoldo Rios	95 TAL
(NAME)	AL OF THE
	2 HAS
1790 W 49th St Suite # 217	SE PER
(P.O.BOX NOT ACCEPTABLE)	
	HI2: 49
Hialeah FL 33012	RHE S
(CITY/STATE/ZIP CODE)	<del></del>

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 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.