

P960000 96922

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

700002016667--7

-12/02/96--01011--007

****122.50 ****122.50

Office Use Only

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

1. PROFESSIONAL WOODCRAFT, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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96 DEC 2 AM 11:08
TALLAHASSEE, FLORIDA

- ☒ 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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

PROFESSIONAL WOODCRAFT, INC.

ARTICLES II PRINCIPAL OFFICE

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

2695 N.W. 31 St. Bays C & D.,
Miami, Fl. 33142.-

ARTICLES III SHARES

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

500 shares \$1.00 par value.-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando Lopez,
2695 N.W. 31 St Bays C & D,
Miami, Fl. 33142.-

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES V INCORPORATOR(S)

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

Armando Lopez,
2695 N.W. 31 St. Bays C & D,
Miami, Fl. 33142.-

President-Secretary-Treasurer-Director

Douglas R. Yudice,
2695 N.W. 31 St. Bays C & D,
Miami, Fl. 33142.-

Vice-President-Director.-

ARTICLE VI DIRECTOR(S)

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

Armando Lopez,
2695 N.W. 31 St. Bays C & D.,
Miami, Fl. 33242

Douglas R. Yudice,
2695 N.W. 31 St. Bays C & D.,
Miami, Fl. 33142.-

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27th. day of November, 1996


Armando Lopez

Signature

President-Secretary-Treasurer-Director


Douglas R. Yudice

Signature

Vice-President-Director

Signature

Articles of Incorporation

Filling Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERD OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the corporation is: PROFESSIONAL WOODCRAFT, INC.

2 The name and address of the registered agent and office is:

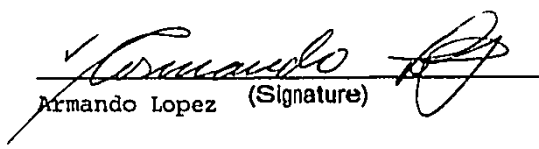
Armando Lopez,

(Name)

2695 N.W. 31 St. Bays C & D,
(P.O. Box not acceptable)

Miami, Fl. 33142
(City/State/Zip)

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.


Armando Lopez (Signature)

11/27/96
(Date)

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TALLAHASSEE, FLORIDA