

p96000/00/04

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

200002026192--9  
-12/11/96--01067--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. BLEYNE HOME SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
96 DEC 11 PM 2:31  
TALLAHASSEE, FLORIDA  
OFFICE OF STATE  
SECRETARY

☒ 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  
95 DEC 11 PM 12:03  
JIM... OFFICE OF STATE SECRETARY

Date DECEMBER 9, 1996

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re BLEYNE HOME SERVICES, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

BLEYNE HOME SERVICES, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
700 S.W. 4 AVE #6		
MIAMI, FL 33130		
PHONE		
( 305 )	858-0472	
Area Code	Phone Number	Ext.

**ARTICLES OF INCORPORATION**

of

BLEYNE HOME SERVICES, 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:

BLEYNE HOME SERVICES, 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 FIVE HUNDRED shares ( 500 ) 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	NEOMAR A. MARADEI		
ADDRESS	700 S.W. 4 AVE #6		
CITY	MIAMI	STATE FLORIDA	ZIP 33130

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

NAME	BLEYNE HOME SERVICES, INC.		
ADDRESS	700 S.W. 4 AVE #6		
CITY	MIAMI	STATE FLORIDA	ZIP 33130

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	NEOMAR A. MARADEI	PRESIDENT	50% SHARES
ADDRESS	700 S.W. 4 AVE #6		
CITY	MIAMI	STATE FLORIDA	ZIP 33130
NAME	BERTHA AGUIRRE	VICE PRESIDENT	50% SHARES
ADDRESS	700 S.W. 4 AVE #6		
CITY	MIAMI	STATE FLORIDA	ZIP 33130
NAME			
ADDRESS			
CITY		STATE	ZIP

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article VII - INCORPORATORS

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

NAME	NEOMAR A. MARADEI		
ADDRESS	700 S.W. 4 AVE #6		
CITY	MIAMI	STATE	FLORIDA
		ZIP	33130
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 9  
day of DECEMBER, 19 96

\_\_\_\_\_, 19\_\_

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)


\_\_\_\_\_ (Seal)


STATE OF FLORIDA )  
 )  
 ) SS  
COUNTY OF DADE )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: NEOMAR A. MARADEI and BERTHA AGUIRRE

NEOMAR A. MARADEI and BERTHA AGUIRRE

personally appeared: NEOMA

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

FL DL #M630-621-62-184-0

### Form of Identification

FL DL #A260-070-50-767-0

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 THEY 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.

NOT A TRY 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

9 day of DECEMBER 19 96

**Notary Signature**

**JORGE BANOS**

**Printed Notary Signature**

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

BLEYNE HOME SERVICES, 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 700 S.W. 4 AVE #6

MIAMI, FL 33130

has named NEOMAR A. MARADEI

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)*

**FILED**  
96 DEC 11 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA