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PRENTICE HALL ACCOUNT NO. : 072100000032 LEGAL & FINANCIAL SERVICES

REFERENCE: 195708 7112263

AUTHORIZATION :

COST LIMIT: \$ 70.00

ORDER DATE: December 19, 1996

ORDER TIME : 10:07 AM

ORDER NO. : 195708-005

CUSTOMER NO: 7112263

800002034628--6

CUSTOMER: Mr. Toby Simon

BOND ACCOUNTING & INCOME TAX

SERVICE Suite 101a

8551 West Sunrise Boulevard

Plantation, FL 33322

## DOMESTIC FILING

NAME: LEZAM INC.

#### EFFECTIVE DATE:

X ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

EXAMINER'S INITIALS:

<u>VR</u> 12-20.96 ARTICLES OF INCORPORATION OF

Le Zam Inc

oration Constitution hereby

The Undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation.

ARTICLE I

Name

The name of this corporation is: Lel

Lezam Frc

ARTICLE II Duration

This corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

ARTICLE III

PURPOSE

This corporation may engage in any activity of business permitted under the laws of the State of Florida, its primary purpose to be:

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue /c shares of \$ / 00 Par Value common stock.

ARTICLE V

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as can be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation is

13324 NW 10th ST

SUNRUAL FI 33323

ARTICLE VII

INITIAL REGISTERED OFFICE AND AGENT
The street address if the initial registered office of this corporation is 13324 NW 10 ST.

SUNRAGE F13324 , and the name of the initial registered agent of this corporation at this address is

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

This corporation shall have \_\_\_\_\_\_\_ directors initially.

The number of directors may be either increased or decreased from time to time by the By-Laws but shall never be less than one. The names and addresses of the initial directors are:

· VIVI ASSIAON · 13324. N.W. 10th 5t. Sunrise, Fl. 33323 55. no. 589-48-7752

fail Assidon
13324 N.W. 10th 5t.
Sunrise, Fl. 33323

35. no. 129-44-7075

INCORPORATOR

The names and addresses of the persons signing these Articles are:

Vivi Assidon 13324 N.W. 10th St. Sunrise, Fl. 33323

Gail Assidon 13324 N.W. 10th St. Sunrise, Fl. 33323

### ARTICLE X BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

#### ARTICLE XI AMMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Stockholders is subject to this reservation.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

. 13th day of December , 1996

Signature

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

i.	The name of the corporation is: Lezam Inc.	
2.	The name and address of the registered agent and office	is:
	Gail Assidon	
	(Name)	
	13324 N.W. 10th Street	
	(P.O. Box NOT acceptable)	
	Sunrise Florida 33323 (City/State/Zip)	
	/ (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 this 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.

SIGNATURE (

DATE \_\_\_

12/1-196

96 DEC 20 PH 1: 46
SECRETARY OF STATE
AND ANASSEF FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314