#### 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): (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) Pick up time 2,00 Walk in Certified Copy Mail out □ 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 OTHER FILINGS WG6-26830 **EQUALIFICATIO** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement Trademark

Other

Examiner's Initials
SO DEC 3 0 1996



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 23, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 17 MIAMI, FL 33174

SUBJECT: P.Y.M. CORPORATION Ref. Number: W96000026830

We have received your document for P.Y.M. CORPORATION and you check(s) totaling \$122.50. However, the enclosed document has not been and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 296A00056951

## 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:

M.Y.P. CORPORATION

## ARTICLE II PRINCIPAL OFFICE

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

29714 SW 158 CT HOMESTEAD, FL.33033

## ANTICLE III SHÀRES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PABLO RINCON 29714 S.W. 158 CT. HOMESTEAD, FL. 33033

## ARTICLE V INCORPORATOR(S)

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

PABLO RINCON 29714 S.W. 158 COURT

HOMESTEAD, FL. 33033

ARTICLE VI DIRECTOR(S)

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

PABLO RIJCON 29714 S.W. 158 COURT HOMESTEAD, FL. 33033

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  20 day of Access (see 19 96.	S
Signature	
Signature	
Signature	

# 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 n	ame of the corporation is: M.Y.P. CORPORATION	
2971	4 S.W.158 CT.HOMESTEAD FL.33033	·
2. The n	ame and address of the registered agent and office is:	
	PABLO RINCON	
	(NAME)	
2971	4 S.W. 158 CT.	96 17VI
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	a a
HOME:	STEAD FL.33033	30
	(CITY/STATE/ZIP)	
		22 DATE DRIFT

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. HE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE DE CURLUER 2048/994