LAZARUS CORPORATE INDUSTRIES, Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2,00 Certified Copy Mail out Photocopy Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director **NonProfit Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger W96-26830 necistration loualification **OTHER FILINGS** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1/95)

Examiner's Initials
SN 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 your check(s) totaling \$122.50. However, the enclosed document has not been filed 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

SECTION AMILIANISTATE 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

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at arry 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 RINCON
29714 S.W. 158 COURT
HOMESTEAD, FL. 33033

The undersigned in	corporator(s) has(have) executed these Articles of Incorporation day of Accessives, 19 96.	ı this
	Fallo Rices Signature	
	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

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: M.Y.P. CORPORATION			
	29714 S.W.158 CT.HOMESTEAD FL.33033			_ •
2.	The name and address of the registered agent and office is:			
	PABLO RINCON			
	(NAME)			-
	29714 S.W. 158 CT.	TALI	96	
	(P.O. BOX NOT ACCEPTABLE)	AIL	DEC 30	The state of the s
	HOMESTEAD FL.33033	Signal Si		7.77
	(CITY/STATE/ZIP)	FLO	MIII: 2	
		RIDA	22	

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 F'ERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE <u>Aleceratures</u> 2046/1996