

P96000104495

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

Office Use Only

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

1. UNIVERSAL AUTO CARE INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED
96 DEC 31 AM 12:55
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

UNIVERSAL AUTO CARE INC

FILED
96 DEC 31 PM 1:12
SEC. OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to these articles of
Incorporation known to be natural persons competent to contract,
hereby organize and incorporate a corporation under the laws of
the State of Florida.

ARTICLE I. NAME

The name of the Corporation is: UNIVERSAL AUTO CARE INC

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in any activity or business
permitted under the laws of the United State and of this State.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation
is authorized to have outstanding at any one time is 100 shares
of common stock having a nominal or par value of \$5.00 per share.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin
business is: \$ 500.00

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial post office address of the principal office of
this corporation in the State of Florida is 829 NW Le Jeune Rd
MIAMI FL 33126

The Board of Directors may from time to time move the
principal office to any other address.

ARTICLE VII. DIRECTORS

This corporation shall have 1 Directors initially. The
number of directors may be increased or diminished from time to

or not so Interested.

ARTICLE VIII. INITIAL OFFICERS AND DIRECTORS

The name and post office addresses of the number of the first Board of Directors are: *VIVIAN FERREIRA*

*UNIVERSAL AUTO CARE INC: 829 NW LeJeune Rd
Miami FL 33126*

The Initial officers of this Corporation are:

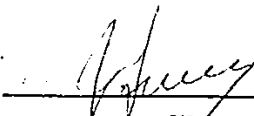
VIVIAN FERREIRA

ARTICLE IX. AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of Directors, proposed by it to the stockholders and approved at the stockholders' meeting by a majority of the stock entitled to vote thereon, unless all directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS THEREOF, the undersigned have hereunto set their hands and seal and have acknowledged and filed in the office of the Secretary of State of Florida as subscribers of the foregoing Articles of Incorporation this *30* day of *December/1996*

Signatures:



VIVIAN FERREIRA - INCORPORATOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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: UNIVERSAL Auto CARE INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

VIVIAN FERREIRA 829 NW LeJeune Rd
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33126
(CITY/STATE/ZIP)

SIGNATURE _____

(CORPORATE OFFICER)

TITLE: President

DATE 12-30-96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE 12-30-96

REGISTERED AGENT FILING FEE: \$20.00

FILED
96 DEC 31 PM 1:12
TALLAHASSEE, FLORIDA