### 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) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_\_\_\_\_\_\_\_ 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 Dissolution/Withdrawal **Domestication** Other Merger FREGISTRATION/

OTHER FILINGS **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement **Trademark** Other



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

January 10, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: UNIVERSAL COMMUNICATIONS, INC.

Ref. Number: W97000000701

We have received your document for UNIVERSAL COMMUNICATIONS, INC. 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 entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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: 697A00001475



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: EXECUTIVE CELLULAR INC.

#### ARTICLE II PRINCIPAL OFFICE

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

440 WEST 65 ST HIALEAG, FL 33012

#### ARTICLE III SHARES

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

100

#### ARTICLEIV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HICHAEL M. TORRES
7473 WEST 34 ST
HIALEAL, FL 33016

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
MICHAEL M. TORRES
7473 WEST 345T
HIALERH FL 33016  ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
MICHARL M. TOTRES
7473 WYST 345T
HIALEAL, FL 33016
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
8 day of
Tue annoe
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.

The n	ame of the o	corporation is:_	ERECUTIVE CELLU	ILAP INC.	·
The n	name and ad	dress of the req	gistered agent and office	e is:	
	MICHA	el M.	TORRES ME)	<u></u>	9 5
				E S	
	7473	WEST	345T OT ACCEPTABLE)		5
		(P.O. BOX <u>N</u>	OT ACCEPTABLE)		2
	Hialei	76. 76	33016	<b>,</b>	(S. 73.
			/STATE/ZIP)		722 7

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 THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 01/08/