\$9700005/8/ 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

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Office Use Only

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

1. M. D. S	, GROUP,	iNC.	
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NEWETTINGS	AMENDMEN	in the constitution is an	
Profit	Amendment		5
NonProfit	Resignation of R.A	A., Officer/Director	
Limited Liability	Change of Register	red Agent	
Domestication	Dissolution/Withd	rewal	
Other	Merger		

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

STREAMS VIEW AND SAME
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's	Initials V	'IVN	77	1777	



RECEIVED

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 15, 1997

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

SUBJECT: M.D.S. GROUP, INC. Ref. Number: W97000001052

We have received your document for M.D.S. GROUP, 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 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: 197A00002085

ARTICLES OF INCORPORATION 97 JAN 17 PH 12: 05

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.D.S.G., INC.

ARTICLE II PRINCIPAL OFFICE

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

2500 S.W. 75th. Ave. Miami, Florida

ARTICLE III SHÀRES

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

100 shares having a par value of \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cristobal Martinez 2500 S.W. 75th. Avenue Miami, Florida 33134

ARTICLE V INCORPORATOR(S)

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

.Cristobal Martinez 2500 S.W. 75th. AVenue Miami, Florida 33134

ARTICLE VI DIRECTOR(S)

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

Cristobal Martinez 2500 S.W. 75th. Avenue Miami, Florida 33134

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.D.S.G., INC.	
2.	The name and address of the registered agent and office is:	· · · · · · · · · · · · · · · · · · ·
	Cristobal Martinez	<u>-</u> 1
	(NAME)	
	2500 S.W. 75th. Avenue	S
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	PINIZ: 05 EE, FLORI
	Miami, Florida 33134	ORIGINAL DE
	(CITY/STATE/ZIP)	P

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

SIGNATURE Matte