

P97000013350

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

4000002083754--4

02/11/97--01112--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. NATURAL LAWN TOTAL 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	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Called Janet,  
inserted copy, same in  
1st page.

RECEIVED  
97 FEB 11 AM 10:42  
DIVISION OF CORPORATION

Date FEBRUARY 7, 1997

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re NATURAL LAWN TOTAL CARE, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

NATURAL LAWN TOTAL CARE, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
P. O. BOX 144975		
CORAL GABLES, FLORIDA 33114-4975		
PHONE _____		
( 305 )	412-0961	_____
Area Code	Phone Number	Ext.

# ARTICLES OF INCORPORATION

of

NATURAL LAWN TOTAL CARE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

NATURAL LAWN TOTAL CARE, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) ( \$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LOURDES MEJIAS		
ADDRESS	7743 S.W. 99 STREET		
CITY	MIAMI	STATE FLORIDA	ZIP 33156

The principal office, if known, or the mailing address of the corporation is:

NAME	NATURAL LAWN TOTAL CARE, INC.		
ADDRESS	7743 S.W. 99 STREET		
CITY	MIAMI	STATE FLORIDA	ZIP 33156

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


NAME	OMAR J. MEJIAS	DIRECTOR
ADDRESS	7743 S.W. 99 STREET	
CITY	MIAMI	STATE FL ZIP 33156
NAME	LOURDES MEJIAS	SECRETARY
ADDRESS	7743 S.W. 99 STREET	
CITY	MIAMI	STATE FL ZIP 33156
NAME		
ADDRESS		
CITY	STATE	ZIP

FILED  
97 FEB 11 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	OMAR J. MEJIAS			
ADDRESS	7743 S.W. 99 STREET			
CITY	MIAMI	STATE	FL	ZIP 33156
NAME	LOURDES MEJIAS			
ADDRESS	7743 S.W. 99 STREET			
CITY	MIAMI	STATE	FL	ZIP 33156
NAME				
ADDRESS				
CITY		STATE		ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 7 day of FEBRUARY, 1997 

\_\_\_\_\_, 1997

*Ronald Mejia*

\_\_\_\_\_. (Seal)

\_\_\_\_\_. (Seal)

\_\_\_\_\_. (Seal)

STATE OF FLORIDA

COUNTY OF                      DADE

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,  
personally appeared: **LOURDES MEJIAS**

Signature \_\_\_\_\_

FL DL #M220-538-58-789-0

### Form of Identification

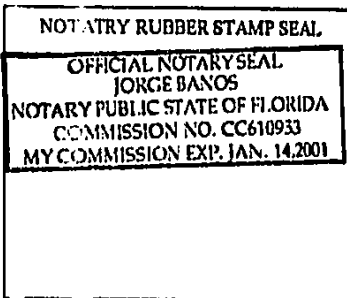
**Signature**

### Form of Identification

**Signature**

### Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this

7 day of FEBRUARY 1997

Notary Signature

**JORGE BANOS**

**Printed Notary Signature**

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

NATURAL LAWN TOTAL CARE, INC.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 7743 S.W. 99 STREET

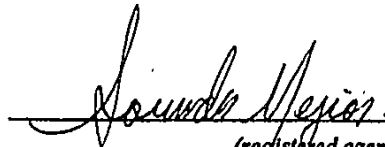
MIAMI, FLORIDA 33156

has named LOURDES MEJIAS

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
*(registered agent)*

FILED  
97 FEB 11 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA