

P97000017567

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

200002097362--2

-02/25/97--01124--024  
\*\*\*\*122.50 \*\*\*\*122.50  
Office Use Only

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

1. CONDOR INSURANCE INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
97 FEB 25 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ 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

97 FEB 25 PM 1:18  
DIVISION OF CORPORATION

PH 2/25/97

# ARTICLES OF INCORPORATION

FILED

97 FEB 25 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

CONDOR INSURANCE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

EUREKA EAST  
9865 SW 184th STREET  
MIAMI, FLORIDA 33157

## ARTICLE III SHARES

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

1000 shares of common stock of \$1.00 par value each.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE GARCIA  
12686 SW 146 STREET  
MIAMI, FLORIDA 33186

ARTICLE V INCORPORATOR(S)

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

JORGE GARCIA & KATHERINE GARCIA  
12686 SW 146 STREET, MIAMI, FL. 33186

ARTICLE VI DIRECTOR(S)

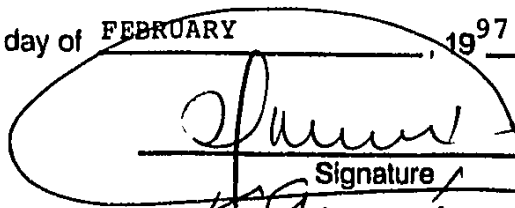
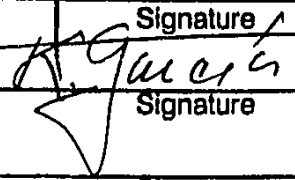
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JORGE GARCIA President  
12686 SW 146 STREET  
MIAMI, FL 33186

KATHERINE GARCIA Vice-President  
12686 SW 146 STREET  
MIAMI, FL 33186

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

\_\_\_\_ 24th \_\_\_\_ day of FEBRUARY, 19<sup>97</sup> \_\_\_\_.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

97 FEB 25 PM 1:17

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: CONDOR INSURANCE, INC.

2. The name and address of the registered agent and office is:

JORGE GARCIA

(NAME)

12686 SW 146 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33186

(CITY/STATE/ZIP)

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 [Signature]

DATE 2-24-97