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	ORATE INDUSTRIES, I	NC.	į
MIAMI, FLORI City/State/Z	AVENUE SUITE: 16 Address  DA 33174 (305)552- Zip Phone # ENTATIVE TALLAHASSE	-5973	0002120315——8 -03/21/97—01025—025 ****122.50 ****122.50 ce Use Only
CORPORATION	YAME(S) & DOCUMENT	T NUMBER(S), (if know	vn):
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<u></u>	Pick up time		== N
NEWELLINGS WE	AMENDMENTS		
Profit	Amendment		·
NonProfit	Resignation of R.A., Office	and Director	
Limited Liability	Change of Registered Ag		
Domestication	Dissolution/Withdrawal	<u>CIR</u>	$o_{i}$
Other	Merger	<del></del>	1818:
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CIVILLIMITATION (CS) Annual Report	tilbekt tävito ottavitilleavito		RECEIVED 97 MAR 21 MA 10: 44 DIVISION OF CORPORATION
Fictitious Name	Foreign		YIO:
Name Reservation	Limited Partnership		MO11 717 G
14mile reservation	Reinstatement		~
	Trademark	1,197-	6629

Examiner's Initials SN MAR 2 4 1997.

Other



## RECEIVED

97 MAR 24 PM 2: 40

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

March 21, 1997

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

SUBJECT: THE POWER OF FAITH INC. Ref. Number: W9700006629

We have received your document for THE POWER OF FAITH 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: 697A00014479

FILED ARTICLES OF INCORPORATION, PH 2:52

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:

THE HANDS OF FAITH INC.

#### ARTICLE II PRINCIPAL OFFICE

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

5301 W 20TH AVE # 20 Hinlenh 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

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

201 M. GARCIA 21300 SW 236 ST MIAMI FC 33031

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
LUZ M. GARCÍA
21300 SW 236 ST MIAMI FU 33031
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
LUZ M. GARCÍA (PRESIDENTE)
Articles of Incorporation is (are):  LUL M. GARCÍA (PRESIDENTE)  Z1300 SW 236 ST MIAMI FL3303)
Felix GARCIA (SEGRETARIO)
2/300 SW 236 ST MIAM! FL 3303/ The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
20 day of march, 19 97.
Ly 14 Goucioi Signature
Signature

Articles of Incorporation Filing Fee - \$35

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.

1.	The name of the corporation is: THE HANDS  FAITH TNC:	of
	PATIA INC.	·
2.	The name and address of the registered agent and office is:	75.9
	LUX M GARCIA	
	(NAME)	22
	2/300 SW 236 ST (P.O. BOX NOT ACCEPTABLE)	SSEE PH
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	7.0 7.
	MIAMI. FL 33031	52 ORIO
	(CITY/STATE/ZIP)	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.

DATE 03/20/97