

, LAZARUS CORPO	PRATE INDUSTRIÉS, INC.		
MIAMI, FLORID City/State/Zi		800002120318- -03/21/97010250 ****122.50 ****12 Office Use Only	9 127 12.50
CORPORATION N. 1. MM CC (Corpora	AME(S) & DOCUMENT NUM DR PO RATION ation Name) (D	ABER(S), (if known):	-
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🗗 Walk in	Pick up time Photocopy	Certified Copy	
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/ Direc Change of Registered Agent Dissolution/Withdrawal Merger	DA 97 5	
Annual Report Fictitious Name Name Reservation	REGISTRATION/ REGISTRATION/ FOREIGN Limited Partnership Reinstatement Trademark Other	Malking 3	



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: MTM CORPORATION Ref. Number: W9700006631

We have received your document for MTM CORPORATION 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: 597A00014481

ARTICLES OF INCORPORATION 97 Mile 25 Pil 3:31 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.

ARTICILEL NAME

The name of the corporation shall be: MTM AUTO NEED'S CORP.

ARTICLE II PRINCIPAL OFFICE

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

18524 N.W. 67th AVE SUITE #168 MIAMI, FL 33015

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTONIO SAMITIER 1060 LUGO AVE CORAL GABLES, FL 33156

ARTICLE V INCORPORATOR(S)

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

ANTONIO SAMITIER

1060 LUGO AVENUE, CORAL GABLES, FL 33156

ARTICLE VI DIRECTOR(S)

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

ANTONIO SAMITIER 1060 LUGO AVENUE, CORAL GABLES, FL 33156

MANUEL MARRERO 6220 N.W. 173 STREET #734, MIAMI, FL 33015

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

Tha	name and address of the registered agent and office is:	ALL	97]
1110	mante and address of the tofistered affent and office is:	7	:::: :::3
 .	ANTONIO SAMITIER		25
	(NAME)	171	P:1
	1060 LUGO AVENUE	7-1-	زې
	(P.O. BOX NOT ACCEPTABLE)	RIDA	: - 0)

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

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