MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Symp CORP.
(Corporation Name) (Document #) (Corporation Name) (Document #) 4DDD24123664₀₃₇1 (Document#) ****122.50 ****122.50 (Corporation Name) (Corporation Name) (Document #) RECEIVED
97 APR -7 PH 4: 1501VISION OF CORPORATION Walk in Pick up time 2.00 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement W97-79(9 K.R. APR-4 1997 Trademark Other

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 4, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE SUITE 16 MIAMI, FL 33174

SUBJECT: SYMA CORP. Ref. Number: W97000007919

We have received your document for SYMA CORP, 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 of your filing will be considered abandoned.

if you have any questions concerning the filing of your document, please জ্বো (904) 487-6932.

Kimberly Rolfe Document Specialist etter Number: 697A000171

ARTICLES OF INCORPORATION

7 APR -7 PH 4: 1 ECRETARY OF STA LLAHASSEE FLORE

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 L NAME

The name of the corporation shall be:

Syma Enterprise corp.

ARTICLE II PRINCIPAL OFFICE

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

3025 SW 934 Ct Miami - Fla 33165

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sylvia J. Ponzow 3025 SW 95 et Miami - Fla 33165

ARTICLE V INCORPORATOR(S)

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

Sylvia J. Ponzoa)-3025 5W 934 & Historia The 33/65

MARTA: F. MonTero - 13221-5W 104 TET, Aliami
Fla 33/86

ARTICLE VI DIRECTOR(S)

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

Silvia J. Ponzoa - 30 25 5w 93 d J. Havi F/ 3715

Marta T. Hontero-13275 Sw 104 Ter. Yeavi-Th. 3286

Signature.

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

day of Harch, 1997.

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

1.	The name of the corporation is: Syma Enterprise Corp
2.	The name and address of the registered agent and office is:
	/ (NAME)
	(P.O. BOX NOT ACCEPTABLE)
	Miemi - Fla 33165
	(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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.