

P97000044803

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

FILED

97 MAY 20 PM 3:54

SECRET. STATE
TALLAHASSEE, FLORIDA

100002182521--0

-05/19/97--01032--017

*****78.75 *****78.75

Office Use Only

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

1. HERO ENTERPRISES INC.
(Corporation Name) (Document #)
2. ASSOCIATES
(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 |

CR2E031(1/93)

K.R. MAY 20 1997

W97-11614
K.R. MAY 19 1997

Examiner's Initials

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Hero Enterprises Inc.

Enclosed is an original and two (2) copies of the articles of Incorporation and a check for :

| | | | |
|--|-----------------------------|--------------------------------|---|
| _____ \$70.00 | <u> X </u> \$78.75 | _____ \$122.50 | _____ \$131.25 |
| Filing fee | Filing fee & Certificate | Filing fee & Certified Copy | Filing fee, Certified Copy & Certificate |
| Additional Copy Required for the last two (2) | | | |

FROM: Heriberto Rodriguez

Name of Registered Agent

2735 NW 14 St.
Address

Miami Florida 33125
City State Zip Code

Please, forward to the undersigned a copy of the Articles of Incorporation. Thanking you,

Sincerely,

Heriberto Rodriguez

cc: File
Enclosures as stated.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 19, 1997

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

SUBJECT: HERO ENTERPRISES INC.
Ref. Number: W97000011614

We have received your document for HERO ENTERPRISES INC. and your check(s) totaling \$78.75. 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) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 697A00026752

97 MAY 20 PM 3:06
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

OF

HERO ASSOCIATES INC.
Name of Corporation

FILED
97 MAY 20 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HERO ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

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

2735 NW 14 St.

Miami, FL. 33125

and the name of the initial registered agent of this corporation at this address is

Heriberto Rodriguez.

ARTICLE III NATURE OF BUSINESS

Hero Associates is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE IV TERM OF EXISTENCE

The duration of Hero Associates is perpetual.

ARTICLE V CAPITAL STOCK

Hero Associates is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLES VI INITIAL DIRECTORS

Hero Associates shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Heriberto Rodriguez
2735 NW 14 St.
Miami, FL 33125

President
TITLE

ARTICLE VII INCORPORATORS

The name and address/es of the incorporator/s of this corporation are:

Heriberto Rodriguez
2735 NW 14 St.
Miami, FL 33125

The undersigned has/have executed these Articles of Incorporation this 15th day of March, 1997.

Heriberto Rodriguez
Signature/Title President

Signature/Title

Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: Hero Associates Inc.

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

Heriberto Rodriguez
Name

2735 NW 14 St.
Address(P.O. Box or Mail Drop Box Not acceptable)

| | | |
|--------------|----------------|--------------|
| <u>Miami</u> | <u>Florida</u> | <u>33125</u> |
| 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

Heriberto Rodriguez

DATE

5-15-97

FILED
97 MAY 20 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA