

P900051612

LAZARUS CORPORATION, INC.
 Requestor Name
 890 S.W. 37 AVENUE, SUITE 16
 Address

MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. GOLD HANDS, CORP.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #) **500002208765--9**
-06/11/97--01064--027
******122.50 ****122.50**
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

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

| 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/REQUALIFICATION | |
|------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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| Examiner's Initials | |
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ARTICLES OF INCORPORATION
OF
GOLD HANDS, CORP.

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TALLAHASSEE, FLORIDA

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THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of the Corporation shall be:

GOLD HANDS, CORP.

ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY:

CARLOS GRANIZO
10920 W. FLAGLER ST. SUITE 204
MIAMI, FL 33174

A R T I C L E V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

MARTHA NEISA PARADA
9171 FONTAINEBLUE BLVD. # 5
MIAMI, FLORIDA, 33172

A R T I C L E VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:

MARTHA NEISA PARADA

PRESIDENT/TREASURER

A R T I C L E VII

The name and address of the incorporator executing these Articles of Incorporation is:

MARTHA NEISA PARADA
9171 FONTAINEBLUE BLVD # 5
MIAMI, FLORIDA, 33172


MARTHA NEISA PARADA

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this ____7TH____ day of JUNE____, 1997.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That GOLD HANDS, CORP.
(Name of Corporation)

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of MIAM County of DADE

State of Florida has named MARTHA NEISA PARADA
(Name of Register Agent)

located at 9171 FONTAINEBLUE BLVD # 5
(Street address and number of building,
Post Office Box address not acceptable)

City MIAMI, County of DADE

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

Martina Parada
MARTHA NEISA PARADA
Register Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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