# P97000054362

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 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Will wait Certificate of Status Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent DIVISION OF CORPORATION Dissolution/Withdrawal Domestication 97 JUN 17 AHII: 06 Other RECEIVED Merger ÖTHERELINGS REGISTRATIONAL OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement **Trademark** 

> KR. JUN 17 1997 W97-14179

Other

Examiner's Initials



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

June 17, 1997

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

SUBJECT: I.M.S., INC.

Ref. Number: W97000014179

We have received your document for I.M.S., 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) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 697A00032378





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: CARLOS MANAGEMENT SERVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

275 NW 132 AVE. MIAMI, FLORIDA 33182.

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  $_{\rm 100\ SHARES}$ 

#### ARTICLEIV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: CARLOS F. CECILI 275 NW 132 AVE. MIAMI, FLORIDA 33182.

### ARTICLE V INCORPORATOR(S)

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

CARLOS F. CECILI 275 NW 132 AVE. MIAMI, FLORIDA 33182

#### ARTICLE VI DIRECTOR(S)

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

CARLOS F. CECILI 275 NW 132 AVE. MIAMI, FLORIDA 33182

i rie undersigned	incorporator(	s) has(have) exec	cuted these Articles of I	ncorporation this
<u> </u>	day of _	June	, 19 <u>97</u> .	_
		_ Can	ela Can	
			Signature	
			. 1 :	
			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.

1.	The name of the corporation is: CARLOS MANAGEMENT SERVICES,	INC.		_
2.	The name and address of the registered agent and office is:			-
	CARLOS F. CECILI		7 J.	
	(NAME)	- 7, 1	<del></del>	7
	275 NW 132 AVE.		9	-
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	- 60	<del>- P</del>	ار ت <del>-</del>
	MIAMI FLORIDA 33182.	E.GO	3: 24	
	(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 Carly Reil.

DATE 6/14/97.