FLORIDA 33174 (305)552-5973 /State/Zip Phone # MIAMI, City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _____ Certified Copy Walk in Certificate of Status Mail out ☐ Will wait Photocopy NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/ Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION OTHER FILINGS **AQUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 30, 1997

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

SUBJECT: FLORIDA MAP CORPORATION

Ref. Number: W97000017594

We have received your document for FLORIDA MAP 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 397A00038949

ARTICLES OF INCORPORATION

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 1 NAME

The name of the corporation shall be:

FLORIDA MAP & VENDING INC.

97 JUL 31 PH 4: 07 SECRETARY OF STATE

ARTICLE II PRINCIPLE OFFICE

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

1344 N.W. 159[™]. LANE PEMBROKE PINES, FL 33028

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 RESGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDGAR FLORES
1344 N.W. 159^{TII}. LANE PEMBROKE PINE, FL 33028

ARTICLE V INCORPORATOR(S)

Signature

<u>CERTIFICATE FO DESIGNATION</u> 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.

The name of the corporation is: FLORIDA MAP & VENDING	INC.
The name and address of the registered agent and office is:	
EDGAR FLORES	
(NAME) 1344 N.W. 159 TH . LANE	
(P.O.BOX <u>NOT</u> ACCEPT ABLE)	
PEMBROKE PINES, FLORIDA 33028	SEC TALL
(CITY/STATE/ZIP)	RET AH
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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 ACTI IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THEPROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OT MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 7/29/97