

LAZARUS CORPORATE INDUSTRIES, INC.  
Registered Office  
801 S.W. 8th AVENUE, SUITE 200  
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. SMART CHOICE FUSING SERVICES INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 600002254746--1  
-08/01/97--01039--014  
\*\*\*\*122.50 \*\*\*\*122.50

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

FILED  
97 AUG - 1 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

97 AUG - 1 PM 12:28  
TALLAHASSEE FLORIDA

## 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 I NAME

The name of the corporation shall be:

SMART CHOICE FUSING SERVICES INC.

FILED  
97 AUG - 1 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

2293 S.W. 182 Way  
Miramar, Fl 33029

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gisela Borimonoff  
2293 S.W. 182 Way  
Miramar, Fl 33029

**ARTICLE V INCORPORATOR(S)**

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

**PRESIDENT**

Gisela Borimonoff  
2293 S.W. 182 Way  
MIRAMAR, FL 33029

**ARTICLE VI DIRECTOR(S)**

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

**DIRECTOR**

Gisela Borimonoff  
2293 S.W. 182 Way  
MIRAMAR, FL 33029

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 31 day of July, 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 Florida.

1. The name of the corporation is: Smart Choice Fusing Services INC.

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

Gisela Borimonoff 2293 S.W. 182 Way, Miramar, Fl 33029

(NAME)

Gisela Borimonoff PRESIDENT

(P.O. BOX NOT ACCEPTABLE)

2293 S.W. 182 Way, Miramar, Fl. 33029

(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 \_\_\_\_\_

July 31, 199

DATE \_\_\_\_\_

AUG - 1  
PH 12:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00