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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

FILED
97 AUG -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. PAUL & JOANE, INC.

(Corporation Name)

300002254773--8

-08/01/97--01039--026

(Document #)

****122.50 ****122.50

2. _____
(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

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ARTICLES OF INCORPORATION

OF

PAUL & JOANNE, INC

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:

PAUL & JOANNE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1114 N.W. 193 TERR
PEMBROKE PINES, FL 33029

ARTICLE III CAPITAL STOCK

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

THE CAPITAL STOCK IS
7500 SHARES (COMMON) AT PAR VALUE
\$1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ELENITA D. DULAY.
1114 N.W. 193 TERR.
PEMBROKE PINES, FL 33029

ARTICLE V INCORPORATOR(S)

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

ELENITA D. DULAY
1114 N.W. 183 TERR
PEMBROKE PINES, FL 33089

The undersigned has(have) executed these Articles of Incorporation this

30 day of July, 19 97

Elenita D. Dulay
Signature/Title INCORPORATOR

Signature/Title

Signature/Title

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgment in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this

30 day of July, 1997

Felix R. Maymi
Notary Public



FELIX R. MAYMI
My Comm Exp. 4/11/00
Bonded By Service Ins
No. CC547125
[I Personally Know] [I Oath L.D.]

My Commission Expires: 4/11/00

CERTIFICATE OF DESIGNATION
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: PAUL & JO ANNE INC

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

ELENITA D DULAY
(NAME)

1114 N.W. 18th Terr.

(P.O. BOX ~~NOT~~ ACCEPTABLE)

PEN BROKE Pines, FL 33049

(CITY/STATE/ZIP)

SIGNATURE

Elenita D. Dulay
(corporate officer)

TITLE

INCORPORATOR

DATE

07-30-97

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

Elenita D. Dulay

DATE

07-30-97

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TALLAHASSEE, FLORIDA

End Roll #

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