

LAZARUS CORPORATE INDUSTRIES, INC.
 Registered Office
 87 AVENUE, SUITE 16
 MIAMI, FLORIDA 33174 (305) 552-5973
 City/State/Zip Phone #
 LOCAL REPRESENTATIVE TALLAHASSEE

9700020112

Office Use Only

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

- ARENCEBIA INSURANCE, INC.
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

- ☒ Walk in
 ☒ Pick up time 20
 ☐ 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

RECEIVED
 97 AUG 13 PM 12:23
 RECEIVED
 97 AUG 12 AM 11:30
 TALLAHASSEE, FLORIDA

P.O. 2077-8546 13

Examiner's Initials	
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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ARENCIBIA INSURANCE, INC.
(Proposed corporate name – must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: LUIS A. ARENCIBIA
Name (printed or typed)

12515 N. KENDALL DR #320
Address

MIAMI, FL 33186
City, State & Zip

(305) 843-0009
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 12, 1997

LAZARUS

MIAMI, FL

SUBJECT: ARENCIBIA INSURANCE INC.
Ref. Number: W97000018574

We have received your document for ARENCIBIA INSURANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 297A00040797

RECEIVED
97 AUG 13 AM 11:50
DIVISION OF CORPORATION

FILED
97 AUG 13 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
of
ARENCIBIA INSURANCE INC.

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I
CORPORATE NAME

The name of this corporation is ARENCIBIA INSURANCE INC.

ARTICLE II
SHARES

The total number of shares which the corporation shall have authority to issue is 1,000 shares of no par value stock.

ARTICLE III
REGISTERED OFFICE AND AGENT

The street address of the corporation's initial ^{principal} registered office and the name of its initial registered agent at such address is:

LUIS A. ARENCIBIA
12515 N. KENDALL DR #320
DADE County
MIAMI, FL 33186

ARTICLE IV
PURPOSE

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state.

ARTICLE V DIRECTORS

The names and residence addresses of the persons constituting the initial board of directors are:

LUIS A. ARENCIBIA
12515 N. KENDALL DR #320
MIAMI, FL 33186

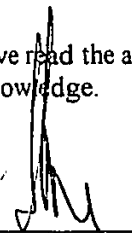
After the initial board of directors, the board shall consist of such number of directors as shall be determined by the shareholders from time to time at each annual meeting at which directors are to be elected.

ARTICLE VI LIABILITY OF DIRECTORS

To the fullest extent permitted by law, no director of this corporation shall be personally liable to the corporation or its shareholders for monetary damages for breach of any duty owed to the corporation or its shareholders, except that a director may be held personally liable for (i) breaches of the duty of loyalty, (ii) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) declaration of unlawful dividends or unlawful stock repurchases or redemptions, or (iv) a transaction from which the director derives an improper personal benefit.

Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.



LUIS A. ARENCIBIA, Incorporator
12515 N. KENDALL DR #320
MIAMI, FL 33186

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: ARENCIBIA INSURANCE, INC.

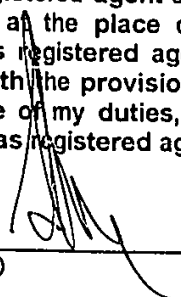
2. The name and address of the registered agent and office is:

LUIS A. ARENCIBIA
(Name)

12515 N. KENDALL DRIVE #320
(P.O. Box not acceptable)

MIAMI, FLORIDA 33186
(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)

8/8/97

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

FILED
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TALLAHASSEE FL