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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

FILED  
97 AUG 14 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. CONSULTING IMPLEMENTATION MANAGEMENT,  
(Corporation Name) (Document #)2. \_\_\_\_\_ INC.  
(Corporation Name) (Document #)3. \_\_\_\_\_  
(Corporation Name) (Document #)4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-08/14/97--01075--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

☐ 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

RECEIVED  
97 AUG 14 AM 11:43  
DIVISION OF CORPORATION

K.R. AUG 14 1997.

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
CONSULTING IMPLEMENTATION MANAGEMENT, INC.

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Consulting Implementation Management, Inc.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) / Transact any and all lawful business.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Roberto Rodriguez  
10570 SW 4th Street  
Miami, Florida 33174

The Principal office shall be:

10570 SW 4th Street  
Miami, Florida 33174

#### ARTICLE VI

The initial Board of Directors shall consist of a total of (2) person, and the name and address of the person who is to serve as an initial director is:

John M. Parker      President

10570 SW 4th Street  
Miami, Florida 33174

Roberto Rodriguez      Secretary Treasurer

The name and address of the incorporator executing  
these Articles of Incorporation is:

John M. Parker  
10570 SW 4th Street  
Miami, Florida 33174

Roberto Rodriguez  
10570 SW 4th Street  
Miami, Florida 33174

IN WITNESS WHEREOF, the undersigned incorporator has  
(ve) executed these Articles of Incorporation this 1 day  
of August, 19 97.

John M. Parker [Signature]

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 PER-  
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-  
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE John M. Parker

DATE 4 August 1997

SIGNATURE [Signature]

DATE 8/4/97