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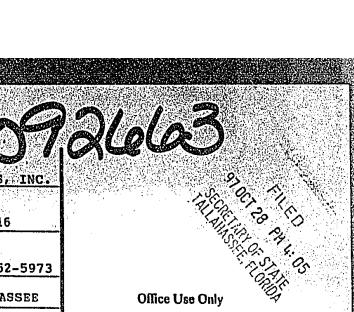
LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE



LOCAL REPRESEN	TATIVE TALLAHASSEE	Office Use Only
CORPORATION NA	ME(S) & DOCUMENT NUI	JMBER(S), (if known):
1. PROFES	SIONAL SER	WICES, INC.
2. (Corporal	ion Name) (L	(Document #)
3(Corporal	ion Nane) (L	(Document #)
4		(Document #)
Walk in Mail out	Pick up time	_ ☐ Certifled Copy y ☐ Certiflcate of Status
Profit NonProfit Limited Liability Domestication Other Other Annual Report Fictitious Name Name Reservation	** CAMENDMENTS	600002320856
41072011/1/04)		Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 15, 1997

LAZARUS 890 S.W. 87TH AVENUE SUITE 16 MIAMI, FL

SUBJECT: PROFESSIONAL SERVICES, INC. Ref. Number: W97000023535

We have received your document for PROFESSIONAL SERVICES, INC. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 997A00050453

97 OCT 16 PM 3: 30 DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 16, 1997

LAZARUS CORPORATE INDUSTRIES INC. 890 S.W. 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: FLORIDA PROFESSIONAL SERVICES, INC.

Ref. Number: W97000023673

We have received your document for FLORIDA PROFESSIONAL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

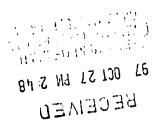
Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6973.

Claretha Golden Document Specialist

Letter Number: 097A00050682



Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 27, 1997

LAZARUS CORPORATE INDUSTRIES INC. 890 S.W. 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: FLORIDA MANAGEMENT CO.

Ref. Number: W97000023673

We have received your document for FLORIDA MANAGEMENT CO. 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: 797A00052176

ARTICLE | NAME

The name of the corporation shall be:

FLORIDA MANAGEMENT CENTER CO.



ARTICLE II PRINCIPAL OFFICE

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

15120 Dunbarton pl Miami Lakes Fl 33016

ARTICLE III SHARES

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

100 SHARES AT \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marilex Martinez (president) 15120 Dunbarton Pi Miami Lakes Fl 33016

ARTICLE V : INCORPORATOR(S)

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

MARILEX MARTINEZ 15120 Dunbarton P1 MIAMI LAKES FL 33016

ARTICLE VI DIRECTOR(S)

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

marilex martinez 15120 Dunbarton pl miami lakes fl 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ______, 19_97_.

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.

The name and addr	ess of the registered agent and offic	e is:
MARILEX MARTINEZ	(NAME)	97 OC SECRE TALLA
1.51.20_DUNBARTON-	(P.O. BOX <u>NOT</u> ACCEPTABLE)	T28 F

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 Wall Harlie

DATE 10-10-97

REGISTERED AGENT FILING FEE: \$35.00