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

MIAMI, FLOR	IDA 33174 (305)552-5973 Zip Phone#	
City/State/2	Zip Phone #	Office Handwale
LOCAL REPRESI	ENTATIVE TALLAHASSEE	Offic Use Only
CORPORATION I	NAME(S) & DOCUMENT NUMB	ER(S), (if know 1):
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1. BAIN/B	ASSOCIATES,	INC
(Corpo	oration Name) (Docu	ment #)
2. (Corpo	oration Name) (Docu	ment #) 400002341344 2
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3. <u>(Corno</u>	ration Name) (Docu	ment #)
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4. <u>(Corpo</u>	ration Name) (Docu	ment #)
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☐ Mail out ☐	Will wait Photocopy	Certificate of Status
NEW FIDINGS	AMENDMENTS :	地交通 企业的 等上上
Profit	Amendment	70.30
NonProfit	Resignation of R.A., Officer/ Director	ALL TW
Limited Liability	Change of Registered Agent	TOTAL TOTAL
Domestication	Dissolution/Withdrawal	FILED PA
Other	Merger	PH 201
		ORI
OTHER ELLINGS	REGISTRATION/S	
Annual Report	QUABIFICATION :	NOV RE
Fictitious Name	Foreign	6 7 3
Name Reservation	Limited Pattnership	A ST
	Reinstatement	A To
Hame change per yound	Trademark	RECEIVED SIGN OF CORPORATION
WILL	Other	
"CC"		
CR2E031(1/95)	W97-25357 K. Rolfe NOV 71997	Examiner's lutials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

andra B. Mortha Secretary of State

November 7, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: BAIN & ASSOCIATES, INC.

Ref. Number: W97000025351

We have received your document for BAIN & ASSOCIATES, 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 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: 097A00053975

PARTIE OF STATES

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:

BAIN BROTHERS & ASSOCIATES, INC.



ARTICLE II PRINCIPAL OFFICE

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

13810 SW 8 Street Miami, F1, 33184

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADELA BAIN DUARTE

14950 SW 67 Lane Miami, F1. 33193

ARTICLE V INCORPORATOR(S)

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

ADELA BAIN DUARTE 14950 SW 67 Lane, Miami, F1. 33193

ARTICLE VI DIRECTOR(S)

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

ADELA BAIN DUARTE 14950 SW 67 Lane Miami, Fl. 33193

The undersigned incorporal Incorporal Incorporation this 6th	tor(s) has(have day of	e) executed thes November	e Articles of , 19 <u>97</u>
	- Glake	Signature	leate
		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:
	BAIN BROTHERS & ASSOCIATES, INC.
2.	The name and address of the registered agent and office is:
	Adela Bain Duarte, 14950 SW 67 Lane, MIami, F1, 33184
	(NAME)
	14950 SW 67 Lane, Miami F1. 33184
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami F1, 33184
	(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

DATE

REGISTERED AGENT FILING FEE: \$35.00

97 NOV -7 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA