17,7457

LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

FLORIDA 33174 (305)552-5973 Phone # City/State/Zip

LOCAL REPRESENTATIVE TALLAHASSEE

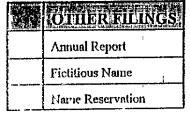
Office Use Only

CORPORATION NAME(S)	& DOCUMENT	NUMBER(S),	(if known):
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1	(Corporation Name)	DUICES (DOC	ument #)
2	(Corporation Name)	(Doc	ument #)
3.	(Corporation Name)	(Doc	ument#)
4	(Corporation Name)	(Doc	ument #)
⊠ Walk in	M Pick up time	2.00	Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status

	MAN TIBINGS T
X	Profit
	13orPiciit
	Limited Liability
	Domestication
	Other

	AMENDMENTS ***
Total acids in	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger



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Foreign
Limited Pattnership
 Reinstatement
 Trademark
Other

NOV 1 3 1997 K. Rolle

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 13, 1997

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

SUBJECT: JZ SERVICES CORP. Ref. Number: W97000025701

We have received your document for JZ SERVICES CORP. 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: 297A00054644

ARTICLES OF INCORPORATION

27/04/2/20 2/10/14/20 2/1/3/40 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:

JUAN ZALDTVAR CORP.

ARTICLE II PRINCIPAL OFFICE

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

8501 N.W. 8 St. # 309 Miami, FL. 33126

ARTICLE III SHARES

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

500 SHARES OF \$1.00 EACH ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN A. ZALDIVAR. 8501 N.W. 8 St. # 309 Miami, FL. 33126

ARTICLE V INCORPORATOR(S)

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

JUAN A. ZALDIVAR 8501 N.W. 8 St. # 309 Miami, FL. 33126

ARTICLE VI DIRECTOR(S)

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

JUAN A. ZALDIVAR 8501 N.W. 8 St. # 309 Miami, FL. 33126

The undersigned inc				
Incorporation this	Twelve	_ day of	November	, 19<u>_97</u>
	·		Muldiwed Signature	<u>.</u>
			Signature	

Articles of Incorporation Filing Fee - \$35

Signature

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.

e name and address of the regi	stered agent and office is
JUAN A. ZALDIVAR	
(NA	AME)
8501 N.W. 8 St. # 309	
	CACCEPTABLE)

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 November, 12 of1997

REGISTERED AGENT FILING FEE: \$35.00