

LAZERUS CORPORATE INDUSTRIES, INC.  
 Requestor's Name  
 890 S. 8th Street, Suite 16  
 Miami, Florida 33134 (305) 552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

*Handwritten:* 9700098939

Office Use Only

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

1. CONTROLS CONCEPTS INTERNATIONAL, CO.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00  
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy ☐ Certificate of Status

FILED  
 97 NOV 20 PM 12:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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 -11/20/97--01036--015  
 \*\*\*122.50 \*\*\*122.50

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

*Handwritten:* 11/20

Examiner's Initials

RECEIVED  
 97 NOV 20 AM 10:48  
 DIVISION OF CORPORATION

## 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:

CONTROLS CONCEPTS INTERNATIONAL, CO.

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### ARTICLE II PRINCIPAL OFFICE

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

5825 S. W. 114th TERRACE  
MIAMI, FL 33156

### ARTICLE III SHARES

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

1000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANA L. CORDOVA-GOLDRING  
5825 S. W. 114th TERRACE  
MIAMI, FL 33156

**ARTICLE V INCORPORATOR(S)**

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

ANA L. CORDOVA-GOLDRING

5825 S. W. 114TH TERRACE  
MIAMI, FL 33156

ENZO DEL BROCCO

50 GLENBROOK ROAD  
STAMFORD, CONNECTICUT 06902

**ARTICLE VI DIRECTOR(S)**

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

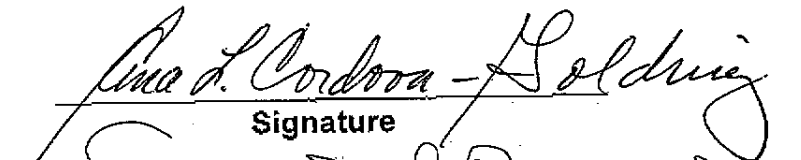
ANA L. CORDOVA-GOLDRING

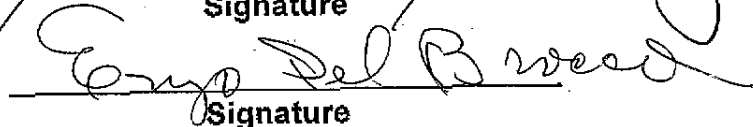
5825 S. W. 114TH TERRACE  
MIAMI, FL 33156

ENZO DEL BROCCO

50 GLENBROOK ROAD  
STAMFORD, CONNECTICUT 06902

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17TH day of NOVEMBER, 19 97.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

1. The name of the corporation is: CONTROLS CONCEPTS INTERNATIONAL, CO.
2. The name and address of the registered agent and office is:  
ANA L. CORDOVA-GOLDRING  
(NAME)  
5825 S. W. 114TH TERRACE  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI, FL 33156  
(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

*Ana L. Cordova-Golding*  
11-17-97

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 20 PM 12:56

FILED

REGISTERED AGENT FILING FEE: \$35.00