# 100360 LAZARUS CORPORATE

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRE	SENTATIVE TALLAHASSEE	Office Use Only		
CORPORATION	NAME(S) & DOCUMENT NUM	MBER(S), (if known):		
1. FULLE	RTON / MCBRICODIATION Name)	DE INC.		
2(Corp		Documen(#) 40002376524 -12/18/9701060016 ****122.50 ****122.		
3(Corp	oration Name) (Do	****122.50 ****122. Document #)		
4(Corp		Document #)		
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Mail out	Will wait Photocopy	Certificate of Status		
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Examiner's Initials

Other

### 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:

Fullerton/mcBride INC.

#### ARTICLE II PRINCIPAL OFFICE

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

801 BRICKEL BAY RD. DOWER 4, APT. 471 MIAMI, FL 33131

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: |OD SHMIES @ # | PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADAM FULLERTON 801 BRICKEL BAY RD. FOWER A APT. ATI MIAMI, FL 33131

#### ARTICLE V INCORPORATOR(S)

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

ADAM FULLERTON 801 Brickel BAY RD. 471 MIAMI, Fl 83131

6753 SW 88 ST BILS MIAMI F1 33156

#### ARTICLE VI DIRECTOR(S)

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

ADAM FULLERION 801 BRICKEL BAY RD. 471 WIAMI, FL 33131 PRESIDENT

6753 SW 88 S+ BILS Miami Fl 33156 SECRETARY / TREASURER

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 address of th	e register	ed agent and	office is:	r
ADAM FULLERTON				
801 BRICKEL BAY	PD_	TOWER 4	APT.	471
(P.O. B)	OX NOT AC	CEPTABLE)		

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 12-17-97

REGISTERED AGENT FILING FEE: \$35.00

97 DEC 18 PM 2: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA