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P97000108797

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

FILED  
97 DEC 30 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. MAB  
K.C. SERVICE CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

700002382707-7  
-12/26/97-01001-02  
\*\*\*\*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

RECEIVED  
97 DEC 24 PM 2:30  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
97 DEC 30 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 24, 1997

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

SUBJECT: K.C. SERVICE CORP.  
Ref. Number: W97000028645

We have received your document for K.C. SERVICE 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.

The registered agent must sign accepting the designation.

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: 897A00060387

RECEIVED  
97 DEC 30 AM 10:40  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
97 DEC 30 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

M.A.B. SERVICE CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

15893 N.W. 5 STREET, PEMBROKE PINES, FLORIDA, 33028

**ARTICLE III CAPITAL STOCK**

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Mitchel Behar

15893 N.W. 5 ST,  
Pembroke Pines, Fl, 33028

**ARTICLE V INCORPORATOR(S)**

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

Mitchel Behar

15893 N.W. 5 St,  
Pembroke Pines, FL 33028

The undersigned has(have) executed these Articles of Incorporation this

23 day of December, 19<sup>97</sup>.

 President,  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: M.A.B. SERVICE CORP.

2. The name and address of the registered agent and office is:

MITCHEL BEHAR

(NAME)

15893 N.W. 5 STREET,

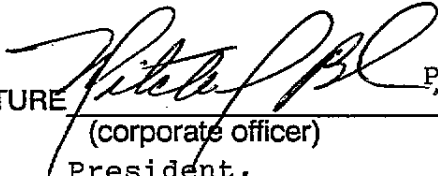
(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FL, 33028

(CITY/STATE/ZIP)

Having been named as registered agent and to accept the service.

SIGNATURE

 President,  
(corporate officer)

TITLE

President,

INCORPORATOR/REGISTERED AGENT

DATE

12/23/97

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97 DEC 30 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA