

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

3300 S.W. 8th AVENUE

Address

MIAMI, FLORIDA 33165 (305) 552-5573

City/State/Zip Phone

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. J. C. L. DISTRIBUTORS CORP.  
(Corporation Name) (Document #) 300002395213--5

-01/09/98--01032--015

2. (Corporation Name) (Document #) \*\*\*\*\*78.75 \*\*\*\*\*78.75

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Service

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JAN -9 PM 3:49

FILED

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

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  
98 JAN -9 AM 11:29  
DIVISION OF CORPORATION

Examiner's Initials

Date JANUARY 8, 1998

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re J.C.L. DISTRIBUTORS CORP. , Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

J.C.L. DISTRIBUTORS, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION

1331 S.W. 104 PASSAGE #204

MIAMI, FLORIDA 33174

PHONE

( 305 ) 207-1520

Area Code

Phone Number

Ext.

**ARTICLES OF INCORPORATION**

of

J.C.L. DISTRIBUTORS, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

J.C.L. DISTRIBUTORS, CORP.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LUIS A. CANDOR		
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174

The principal office, if known, or the mailing address of the corporation is:

NAME	J.C.L. DISTRIBUTORS, CORP.		
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	LUIS A. CANDOR	PRESIDENT	50% SHARES
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174
NAME	SORA E. CANDOR	VICE PRESIDENT	50% SHARES
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174
NAME			
ADDRESS			
CITY		STATE	ZIP

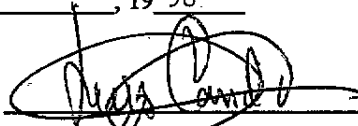
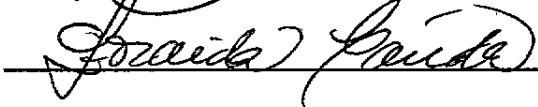
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TALLAHASSEE, FLORIDA

**Article VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

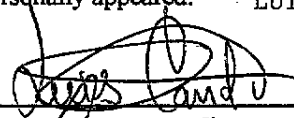

NAME	LUIS A. CANDOR		
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174
NAME	SORA E. CANDOR		
ADDRESS	1331 S.W. 104 PASSAGE #204		
CITY	MIAMI	STATE	FLORIDA ZIP 33174
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 8 day of JANUARY, 19 98

 (Seal)  
 (Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: LUIS A. CANDOR AND SORA E. CANDOR

 _____ Signature	<u>FL DL# C536-521-74-449-0</u> _____ Form of Identification
 _____ Signature	<u>PERSONALLY KNOWN</u> _____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

8 day of JANUARY, 19 98

Notary Signature

JORGE BANOS

Primed Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## *CERTIFICATE OF REGISTERED AGENT OF*

J.C.L. DISTRIBUTORS, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 1331 S.W. 104 PASSAGE #204

MIAMI, FLORIDA 33174

has named LUIS A. CANDOR

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

**FILED**  
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