

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

3320 S.W. 37th Avenue

Address

MIA FLORIDA 33165 (305) 52-5873

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. PROFESSIONAL LEATHER CARE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 100002399471--7  
(Corporation Name) (Document #) -01/14/98 01030-006  
\*\*\*\*\*58.00 \*\*\*\*\*58.00

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

100002399471--7  
-01/14/98-01030-007  
\*\*\*\*\*64.50 \*\*\*\*\*64.50

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

FILED  
RECEIVED  
98 JAN 14 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JAN 14 AM 11:22

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
PROFESSIONAL LEATHER CARE, INC.

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such Corporation.

1. The name of the corporation is:  
PROFESSIONAL LEATHER CARE, INC.
2. The period of duration of the corporation is perpetual.
3. The purpose for which the corporation is organized is to provide repair and restoring of leather furniture and to engage in any other activity or business authorized under the laws of the United States and the State of Florida.
4. The corporation shall have authority to issue 100 shares; all of one class, with a par value of \$5.00.
5. The address of its principal office is:  
1640 N.E. 171st Street  
North Miami Beach, Florida 33162

name of its initial registered agent at said address is:

Pamela LaRue  
13899 Biscayne Blvd., Suite #110  
North Miami Beach, Florida 33181

6. The number of directors constituting its initial Board of Directors are two whose name and address is:

<u>Name</u>	<u>Address</u>
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Robert Dale Owen, 1640 NE 171 Street, N. Miami Bch, FL 33162

Kimberly Owen, 1640 NE 171 Street, N. Miami Bch, FL 33162

7. The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
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Pamela LaRue, 13899 Biscayne Blvd., #110, N. Miami, FL 33181

8. This corporation shall begin its existence as of the date of stock issue or establishment of bank account.

Pamela LaRue

Signed and Sealed before me  
this 8th day of January, 1998.

*8 January 1998*



Rafael Perez  
MY COMMISSION # 0023775 EXPIRES  
January 8, 2000  
BONDED THRU TROY FARM INSURANCE, INC.

*exp Jan 9, 2000*

[Signature]  
Notary Public

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:  
PROFESSIONAL LEATHER CARE, INC.
2. The name and address of the registered agent and office is:  
Pamela LaRue  
13899 Biscayne Blvd, Suite #110  
North Miami Beach, Florida 33181

Kimberly Owen  
Corporate Officer

Vice President  
Title

1-8-98  
Date

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Pamela LaRue  
Signature

1/8/98  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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