

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000002435520—-6 -02/19/98--01085--008 *****131.25 *****131.25

SUBJECT:	Lazaro Industries, Inc. (Proposed corporate name - must include suffix)					
Enclosed is an origina	(Proposed co					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM:	Juan Carlos Lazaro Name (Printed or typed)					
	3914 Doral Dr.					
Address Tampa, F1. 33615 City, State & Zip						

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:

LAZARO INDUSTRIES INC.

ARTICLE	77	PRINCIPAL	OFFICE
	44		

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

1910 E. FlETCHER AVE. TAMPA, Fl. 33612

ARTICLE III SHARES

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

1,000 Shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JUAN CARIOS LAZARO 29 14 DORAL DR. TAMPA, FI, 33615

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JUAN CARIOS LAZARO (PRESIDENT) 3914 DORAL. DR. TAMPA, FLO 3861

Signature/Incorporator

/2/98 Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date