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OFFICE USE ONLY (Document #)				
LAZARUS CORPORATE FILING SI (Requestor's Name)	ERVICE, INC.			
3320 S.W. 87th AVENUE (Address)				
MIAMI, FLÓRĪĎĀ (305)552-	-5973 one #)	300	00024466 -03/04/9801 ****122.50	3836 1049003 ****122.50
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ARTICLES OF INCORPORATION

98 MAR -4 PH 12: 29

SECRETARY OF STATE

The undersigned incorporator(s), for the purpose of forming a corporation and the second and the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

3117 SW. PONCE DE LEON Blud.

Miani Fil. 33134

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maximino Garcia.

9357 NW Fontainebleau Blud.

Miani Fl 33172

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of

Incorporation is(are):	•
Maximino Ga	ecia.
9357 NW Fontain	nebleay Blud
Miani Fl. 33	3172
ARTIC	LE VI DIRECTOR(S)
The name(s) and street address(e Incorporation is(are):	s) of the director(s) to these Articles o
Maximus Bas 9357 NW Trouta	ecia (P)
9357 NW Trouta	mebleau. Bold.
Miami Fl 3	33172
The undersigned incorporator(s) Incorporation this	has(have) executed these Articles of day of <u> </u>
	Juli Ja
	Signature
7	Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

98 MAR -4 PM 12: 29

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the STATE undersigned corporation, organized under the laws of the State of Alorida SSEE. FLORIDA submits the following statement in designating the registered office/registered agent, in the State of Florida.

À	The name of the corporation is: Wax Galery
1.	The name of the corporation is. John A. Career
	1,100
2.	The name and address of the registered agent and office is:
•	Maximino Garcia
	(NAME)
	9357NW Frontainebleau Blovel.
	(P.O. BOX NOT ACCEPTABLE)
	Nian 7-6 33172
	(CITY/STATE/ZIP)

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

REGISTERED AGENT FILING FEE: \$35.00