

# P98000058639

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-07/01/98--01059--022  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

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

1. FRANK CONTRACTOR 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

98 JUL -1 AM 11:38  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
**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

*[Handwritten Signature]*  
7/1/98

Examiner's Initials

**TRANSMITTAL LETTER**

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

SUBJECT: FRANK CONTRACTOR CORP  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ \_

FROM: FRANKLIN VARGAS  
455 SW FLAGAMI BLVD Name (printed or typed)  
MIAMI FL 33144 Address  
(305) 266-1509 City, State, & Zip  
Telephone Number

Note: Please provide the original and one copy of the Articles.

**ARTICLES OF INCORPORATION**

**OF**

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:

FRANK CONTRACTOR CORP

**ARTICLE II PRINCIPAL OFFICE**

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

455 SW FLAGAMI BLVD  
MIAMI FL 33144

**ARTICLE III SHARES**

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

100 @ \$1.00 each one

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

FRANKLIN VARGAS  
455 SW FLAGAMI BLVD  
MIAMI FL 33144

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

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

FRANKLIN VARGAS  
455 SW FLAGAMI BLVD  
MIAMI FL 33144

AS: PRESIDENT/TREASURER

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

29th day of JUNE, 19 98.

*Franklin Vargas*  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: FRANK CONTRACTOR CORP

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

FRANKLIN VARGAS  
(NAME)

455 SW FLAGAMI BLVD

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33144  
(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 *Franklin Vargas*  
DATE JUNE 29, 1998

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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