

**PRO000078341**

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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

500002636165--4  
-09/10/98--01051--021  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

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

1. CIMA WOOD WORK 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

FILED  
 98 SEP 10 PM 2:58  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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 SEP 10 AM 11:11  
 DIVISION OF CORPORATION

Examiner's Initials

*[Handwritten Signature]*

## **ARTICLES OF INCORPORATION**

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: CIMA WOOD WORK CORP.

### **ARTICLE II PRINCIPAL OFFICE**

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

12190 NW 98 AVE  
BAY #7  
HIALEAH GARDEN , FLORIDA 33018

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : ONE HUNDRED (100)

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

The name and address of the initial registered agent is:  
MARIO CIMADEVILLA  
CIMA WOOD WORK  
12190 NW 98 AVE  
HIALEAH GARDEN , FLORIDA 33018

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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):


MARIO CIMADEVILLA  
11460 SW 56 ST.  
MIAMI, FL 33165

**ARTICLE VI DIRECTOR(S)**

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

MARIO CIMADEVILLA (P)  
11460 SW 56 ST  
MIAMI, FLORIDA 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8th day of September, 1998.

  
\_\_\_\_\_  
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: CIMA WOOD WORK CORP.
2. The name and address of the registered agent and office is:

MARIO CIMADEVILLA  
12190 NW 98 AVE BAY #7  
HALEAH GARDEN , FL 33018

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 \_\_\_\_\_

*M. Cima*

DATE \_\_\_\_\_

*9/9/98*

REGISTERED AGENT FILING FEE: \$35.00

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