## 109 ICE USE ON LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2,00 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILNGS QUALIFICATION MOITAROARDS TO MOIZIVIGM Annual Report Forèida Fictitious Name SE :01 MA OE TOO 8E VA Limited Parine ship Name Reservation DECEIVED Reinstatement Trademark Other Examiner's Initials



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SB NOV -2 PH 2:50

ON OF CORPORATION

October 30, 1998

**LAZARUS** 

MIAMI, FL

SUBJECT: CAPITAL INVESTMENT CORP.

Ref. Number: W98000024682

We have received your document for CAPITAL INVESTMENT CORP... However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 398A00053263

### ARTCLES OF INCORPORATION

98 NOV -2 PM 3: 31
SECRETARY OF STATE
TALL AHASSEF FLORID

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:

CAPITAL INVESTMENT UNION CORP.

#### ARTICLE I PRINCIPAL OFFICE

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

8515 NW 29<sup>TH</sup> STREET MIAMI, FLORIDA 33122-1919

#### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE E ALFONSO

8515 NW 29<sup>TH</sup> STREET MIAMI, FLORIDA 33122-1919

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of these Articles of incorporation is(are):

## JORGE E ALFONSO 8515 NW 29<sup>TH</sup> STREET MIAMI, FLORIDA 33122-1919

# ARTICLE VI DIRECTOR(S)

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

JORGE E. ALFONSO, PRESIDENT VIRIDIAN BARBEITO, VICE PRESIDENT

8515 NW 29<sup>TH</sup> STREET MIAMI, FLORIDA

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

JORGE E ALFONSO

VIRIDIAN BARBEITO

Signature

Signature

Signature

# Article of incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of section 607.0501, Florida Statures, the Undersigned corporation, organized under the law 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:  CAPITAL INVESTMENT UNION CORP.	
2.	The name and address of the registered agent and office is:  JORGE E ALFONSO	
	(NAME) 8515 NW 29 <sup>TH</sup> STREET	
	(P.O. BOX <u>NOT ACCEPTABLE)</u> MIAMI, FLORIDA 33122-1919	

(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 APPOINTED 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 28th Day of October, 1998

REGISTERED AGENT FILING FEE: \$35