

**1990000 3338**

OFFICE USE ONLY (Document #)

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LAZARUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

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3320 S.W. 87th AVENUE  
(Address)

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MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

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LOCAL REPRESENTATIVE TALLAHASSEE

100002734501--5  
-01/08/99-01054-019  
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OFFICE USE ONLY

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

1. CEP CORP. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

**FILED**  
 99 JAN 12 PM 3:42  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Walk in   
  Pick up time 2:00   
  Certified Copy

Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

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

NA. 1999-589  
 985-18822  
 RECEIVED  
 99 JAN -8 / AM 11-29  
 DIVISION OF CORPORATION

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 8, 1999

LAZARUS

MIAMI, FL

SUBJECT: CED CORP.  
Ref. Number: W99000000589

We have received your document for CED 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 699A00001023

DIVISION OF CORPORATION

99 JAN 11 PM 3:19

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 11, 1999

LAZARUS

MIAMI, FL

SUBJECT: CED CONSTRUCTION CORP.  
Ref. Number: W99000000589

We have received your document for CED CONSTRUCTION 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 299A00001279

RECEIVED  
99 JAN 12 PM 3:10  
DIVISION OF CORPORATION

# 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:

CED PAVER CORP. ....

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TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

1640 SW 65TH AVE.  
POMPANO BEACH, FL 33068.

## ARTICLE III SHARES

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

1,000 as per value of \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANCO HIDALGO  
1640 SW 65TH AVENUE  
POMPANO BEACH, FL 33068

**ARTICLE V · INCORPORATOR(S)**

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

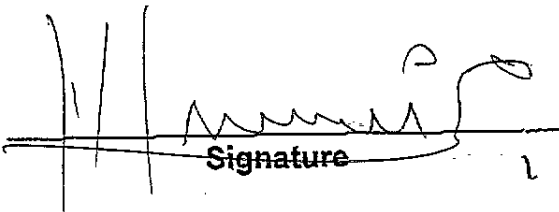
FRANCO HIDALGO                      100% SHARES                      1640 SW 65TH AVENUE  
POMPANO BEACH, FL 33068

**ARTICLE VI DIRECTOR(S)**

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

FRANCO HIDALGO                      PRES/SEC/TREAS                      1640 SW 65TH AVENUE  
POMPANO BEACH, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7th day of January, 1999.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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: CED PAVER CORP.

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

FRANCO HIDALGO

(NAME)

1640 SW 65TH AVENUE

(P.O. BOX NOT ACCEPTABLE)

POMPANO BEACH, FL 33068

(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 01/07/99

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 JUN 12 PM 3:42

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