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

1. EQUITY CONSULTANTS, INC.

(Corporation Name)

(Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

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<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	
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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 JAN 19 AM 8:56  
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 19, 1999

LAZARUS

MIAMI, FL

SUBJECT: EQUITY CONSULTANTS, INC.  
Ref. Number: W99000001354

We have received your document for EQUITY CONSULTANTS, INC.. 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: 199A00002462

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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:

DCW EQUITY consultants, Inc.

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99 JAN 20 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

1230 SW 126 Place  
Miami, FL 33184

### ARTICLE III SHARES

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

30 shares @ \$10.00 par value.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carmen Hoyos  
1230 SW 126 Place  
Miami, FL 33184

ARTICLE V INCORPORATOR(S)

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

Wilson Pacheco 710 NE 29 ST #14 Miami, FL 33137  
Denise Ortiz 1491 E 9 CT Hialeah, FL 33010  
Carmen Hoyos 1230 SW 126 PL Miami, FL 33184

ARTICLE VI DIRECTOR(S)

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

Wilson Pacheco 710 NE 29 ST #14 Miami, FL 33137  
Denise Ortiz 1491 E 9 CT Hialeah, FL 33010  
Carmen Hoyos 1230 SW 126 PL Miami, FL 33184

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15 day of January, 1999.

WP

Signature

Denise Ortiz

Signature

Carmen Hoyos

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: <sup>DCW</sup> Equity Consultants Inc.
2. The name and address of the registered agent and office is:  
Carmen Hoyos.  
(NAME)  
1230 SW 126 Place  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33184  
(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 Carmen Hoyos

DATE 1-15-99

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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