

P99000015932

OFFICE USE ONLY (Document #)

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

OFFICE USE ONLY

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

1. CREAM LIQUID LABORATORY 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

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" 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 checked="" type="checkbox"/> | Annual Report    |
| <input type="checkbox"/>            | Fictitious Name  |
| <input type="checkbox"/>            | Name Reservation |

| REGISTRATION QUALIFICATION          |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

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99 FEB 18 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

100002779091--3  
-02/18/99-01043-020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

## 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:

*Cream Liquid Laboratory*

### ARTICLE II PRINCIPAL OFFICE

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

*3601 S.W. 106 Avenue  
Miami Fl. 33165*

### ARTICLE III SHARES

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

*100*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Isabel Valdes  
3601 SW 106 av  
Mia. Fl. 33165*

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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):

Isabel Valdes  
3601 S.W. 106 Avenue  
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):

Isabel Valdes  
3601 SW 106 av. Mia. Fl. 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15 day of 2, 1999.

Isabel Valdes  
Signature  
Isabel Valdes  
Signature  
Isabel Valdes  
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: Cream Liquid-Laboratory Corp.
2. The name and address of the registered agent and office is:  
Isabel Valdes  
(NAME)  
3601 SW 106 AV  
(P.O. BOX NOT ACCEPTABLE)  
Mia. Fl. 33165  
(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

Isabel Valdes

DATE

2/17/99

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CLERK OF STATE  
TREASURY  
TALLAHASSEE FLORIDA

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REGISTERED AGENT FILING FEE: \$35.00