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LOCAL REPRESENTATIVE TALLAHASSEE

100002821621--5

-03/29/99--01072--024

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. SOUTHERN PINES CORPORATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

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☐ 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

FILED  
99 MAR 26 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED  
99 MAR 29 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**

**SOUTHERN PINES CORPORATION**

The undersigned incorporator, 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 :

***SOUTHERN PINES CORPORATION***

**ARTICLE II PRINCIPAL OFFICE**

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

*2215 West 64<sup>th</sup>. Street, Apt. 102  
Hialeah Gardens, Florida 33016*

**ARTICLE III SHARES**

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

*The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of \$1.00.*

*Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one ( 1 ) class of stock of this corporation.*

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

The name and address of the initial registered agent is :

*RAUL ORTA  
2215 West 64<sup>th</sup>. Street, Apt. 102  
Hialeah Gardens, Florida 33016*

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**ARTICLE V INCORPORATOR(S)**

The name and street address of the incorporator to these Articles of Incorporation is :

*RAUL ORTA  
2215 West 64<sup>th</sup>. Street, Apt. 102  
Hialeah Gardens, Florida 33016*

**ARTICLE VI DIRECTOR(S)**

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

*JOSE M. DEL PINO  
RAUL ORTA  
MONICA ORTA*

*CHAIRMAN  
DIRECTOR  
SECRETARY*

Address: *2215 West 64<sup>th</sup>. Street, Apt. 102  
Hialeah Gardens, Florida 33016*

The undersigned incorporator have executed these Articles of Incorporation this 26<sup>th</sup>. day of March, 1999.

  
Raul Orta

**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 : **SOUTHERN PINES CORPORATION**
- 2.- The name and address of the Registered Agent and Office is :

**RAUL ORTA**  
Name

**2215 West 64<sup>th</sup>. Street, Apt. 102**  
**P.O Box not acceptable )**

**Hialeah Gardens, Florida 33016**  
**(City, State, Zip )**

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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 OCLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE : \_\_\_\_\_

**RAUL ORTA**

DATE : \_\_\_\_\_ **MARCH 26<sup>TH</sup>. 1999**