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LAZARUS CORPORATE FILING SERVICE, INC.
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LOCAL REPRESENTATIVE TALLAHASSEE

700002837827--4
-04/13/99-01047-023
*****78.75 *****78.75

OFFICE USE ONLY

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

1. MCE MIAMI COPIER EMERGENCY INC.
(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 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 APR 13 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
99 APR 13 AM 11:40
DIVISION OF CORPORATION

Examiner's Initials

INCORPORATOR(S)

ARTICLES OF INCORPORATION

99 APR 13 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

MCE MIAMI COPIER EMERGENCY INC

ARTICLE II PRICIPAL OFFICE

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

4890 NW 5 ST
Miami FL 33126

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 SRTEET ADDRESS

The name and address of the initial registered agent is:

Fernando Lezcano
4890 NW 5 ST
Miami FL 33126

ARTICLE V INCORPORATOR(S)

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

- Fernando Lezcano
4890 NW 59T
Miami FL 33126
- Carlos A. Cruz
460 NW 48 CT
Miami FL 33126

ARTICLE VI DIRECTOR(S)

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

- Fernando Lezcano Presidente
4890 NW 59T
Miami FL 33126
- Carlos A. Cruz Vice-president.
460 NW 48 CT
Miami FL 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12 day of April, 1999.



Signature



Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

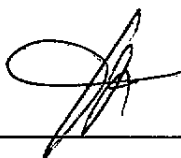
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MCE Miami Copier
Emergency Inc.
2. The name and address of the registered agent and office is:
Fernando Lezcano
(NAME)
4890 NW 5th
(P.O. BOX NOT ACCEPTABLE)
Miami FL 33126
(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 _____



4/12/99

FILED
99 APR 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00