

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

600002972176--2

-08/27/99--01061--011

*****78.75 *****78.75

OFFICE USE ONLY

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

1. ALARCON SERVICES 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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 AUG 27 AM 11:46

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 27 PM 12:55

FILED

Examiner's Initials

ARTICLES OF INCORPORATION

FILED
99 AUG 27 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

A L A R C O N SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

5811 HOOD STREET
HOLLYWOOD FL. 33021
PHONE # (954) 966 2154

ARTICLE III SHARES

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

500 shares of Common Stock at par value of \$1.00 each
(TOTAL CAPITAL STOCK \$500.00)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALVARO ALARCON
5811 HOOD STREET
HOLLYWOOD FL. 33021
PHONE # (954) 966 2154

ARTICLE V INCORPORATOR(S)

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

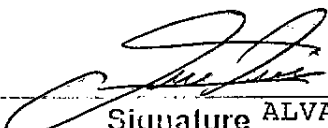
ALVARO ALARCON : 5811 HOOD STREET
HOLLYWOOD FL. 33021
PHONE # (954) 966 2154
SOC SEC # 068 78 4696
YOLANDA BELTRAN : 5811 HOOD STREET
HOLLYWOOD FL. 33021
PHONE # (954) 966 2154
SOC SEC. # 073-74-7514

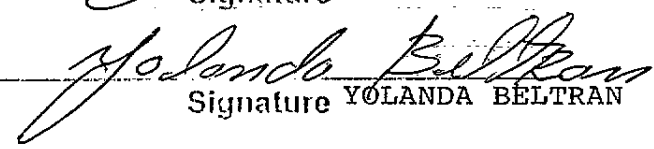
ARTICLE VI DIRECTOR(S)

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

ALVARO ALARCON : PRESIDENT-TREASURER
5811 HOOD STREET
HOLLYWOOD FL. 33021
YOLANDA BELTRAN : VICE-PRESIDENT & SECRETARY
5811 HOOD STREET
HOLLYWOOD FL. 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26th day of AUGUST, 19 99.


Signature ALVARO ALARCON

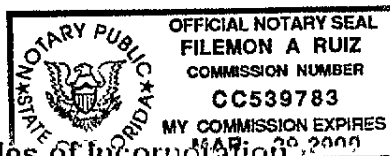

Signature YOLANDA BELTRAN

Signature

BEFORE ME, TODAY AT MIAMI DADE COUNTY, FL,


NOTARY PUBLIC
STATE OF FLORIDA

MY COMMISSION EXPIRES: 8/26/99



Articles of Incorporation
Filing Fee

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: A L A R C O N S E R V I C E S I N C.

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

ALVARO ALARCON

(NAME)

5811 HOOD STREET

(P.O. BOX NOT ACCEPTABLE)

HOLLYWOOD FL. 33021

(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 _____

ALVARO ALARCON

DATE AUGUST 26th, 1999

REGISTERED AGENT FILING FEE:

99 AUG 27 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED