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| LAZARUS CORPORATE FILIN (Requestor's Name) 3320 S.W. 87th AVENUE | IG SERVICE, INC. | | |
| (Address) MIAMI, FLORIDA (305) (City, State, Zip) LOCAL REPRESENTATIVE TA | 552–5973 (Phone #) LLAHASSEE | OFFICE USE ONLY | 003015775 -10/15/9901046-5001 *****78.50 *****78.9 |
| CORPORATION NAME(S) | & DOCUMENT NUN | IBER(S) (if known): | ······································ |
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| NEW FILINGS | AMENDM | ENTS | 99 TALL |
| Profit | Amendment | | 99 OCT 15 |
| NonProfit | | Resignation of R.A., Officer/Director | |
| Limited Liability | | Change of Registered Agent | |
| Domestication | Dissolution/With | drawal | PH 12: 39 E. FLORID |
| Other | Merger | | 5 PH 12: 39 SEE, FLORIDA |
| OTHER FILNGS | REGISTRATIC | <u>N/</u> | - |
| Annual Report | QUALIFICATIO | | |
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ARTICLES OF INCORPORATION OF MICKY'S TRANSFER CORP.

FILED 99 DCT 15 PM 12: 39 SECRETARY OF STATE ALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MICKY'S TRANSFER CORP.

The principal place of business of this corporation shall be:

18344 N. W. 68 Avenue Apt L Miami, Florida 33015

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1 (DOLLAR) EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Mario Garcia Rivera 18344 N. W. 68 Avenue Apt L. Miami, Florida 33015 President

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Mario Garcia Rivera

18344 N. W. 68 Avenue Apt L. Miami, Florida 33015

President

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14 day of October 1999

| Signature(s) of Incorporator(s) | | |
|---------------------------------|------|-----------------------------|
| XDA -C | ···· | 3114 - ⁴⁷⁷ 19 |

STATE OF FLORIDA DADE

THE FOREGOING instrument was acknowledged and sworn to before me this

| day of | 19 by | | | |
|--------|-------|------------------------|------|--|
| | ,,,,, | (Name of incorporator) | | |
| of | | | | |
| | | | | |

(Name of Corporation)

Notary Public

My commission expires:_____

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

99 OCT IS PHILE: 39 Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned cor poration, 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:____

MICKY'S TRANSFER CORP.

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

Mario Garcia Rivera 1 8344 N. W. 68 Avenue Apt L Miami, Florida 33015 President

SIGNATURE XOT -

TITLE PRESIDENT

10/14/99 DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PER-FORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STAT-UTES.

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| SIGNATURE | ×011-6 | ÷ . | - | - | · |
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10/13/99 DATE_____