

*96829*

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

400003029114--6

-10/29/99--01053--006

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

OFFICE USE ONLY

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

1. ~~NEW MILLENNIUM INVESTMENT 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

RECEIVED  
 99 OCT 29 AM 11:54  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATE  
 TALLAHASSEE, FLORIDA

FILED  
 99 NOV -3 PM 5:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

*to 99 24990*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 29, 1999

LAZARUS

MIAMI, FL

SUBJECT: NEW MILENIUM INVESTMENT CORP.  
Ref. Number: W99000024990

We have received your document for NEW MILENIUM INVESTMENT CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 399A00052070

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99 NOV -3 AM 11:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

**MIAMI FLORIDA INVESTMENT CORP.**

The undersigned incorporator, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I - NAME**

The name and address of this corporation shall be:

MIAMI FLORIDA INVESTMENT CORP.  
3582 NE 171 STREET APT# 101  
N. MIAMI BEACH, FL. 33160

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TALLAHASSEE FLORIDA

**ARTICLE II - EXISTANCE**

The corporation shall have perpetual existence.

**ARTICLE III - PURPOSE OF CORPORATION**

The corporation may transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida and of the United States.

**ARTICLE IV - CAPITAL STOCK**

The aggregate number of shares which the corporation shall have authority to issue is 300 shares of common stock having \$ 1.00 par value.

**ARTICLE V - PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI - NAME OF REGISTERED  
AGENT AND ADDRESS OF REGISTERED OFFICE**

The name and street address of the corporation's initial registered resident agent shall be:

RAMON TORRES  
3582 NE 171 STREET APT 101  
N. MIAMI BEACH, FL. 33160

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

Initially this corporation shall have one director. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The name and address of the initial directors are:

RAMON TORRES  
P/D

3582 NE 171TH ST APT 101  
N. MIAMI BEACH, FL 33160

**ARTICLE VIII - INCORPORATOR**

The name and address of the person signing these articles is :

RAMON TORRES...  
3582 NE 171TH ST APT 101  
N. MIAMI BEACH, FL. 33160

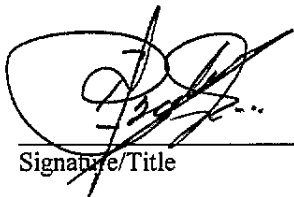
**ARTICLE IX - BY LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of directors and shareholders.

**ARTICLE X - AMENDMENT**

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has (have) executed these Articles of Incorporation this 28th day of October 1999.



D/P

Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

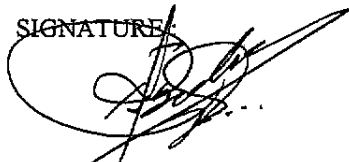
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MIAMI FLORIDA INVESTMENT CORP.
2. The name and address of the registered agent and office is:

RAMON TORRES  
3582 NE 171 ST APT 101  
N. MIAMI BEACH, FL. 33160

Having been named to accept services of process for the above stated corporation, at the place designated in the 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 performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE



TITLE: President

DATE: \_\_\_\_\_

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TALLAHASSEE FLORIDA