

P05000095836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

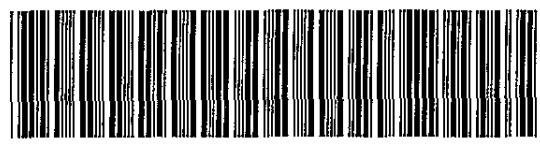
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500056333625

06/29/05--01035--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL -7 PM 2:30

FILLED

W05-31794

MD 2/5

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LaStarza Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dr. Marco Joseph LaStarza
Name (Printed or typed)

1452 Victoria Village Lane Apt. # 4318
Address

Orlando, FL 32828
City, State & Zip

(407) 970-7513
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 29, 2005

DR. MARCO JOSEPH LASTARZA
1452 VICTORIA VILLAGE LANE APT 4318
ORLANDO, FL 32828

SUBJECT: LASTARZA INC.
Ref. Number: W05000031794

We have received your document for LASTARZA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the registered agents name and the incorporators name in articles VI and VII.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 205A00043919

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: La Starza, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 875 North Alafaya Trail
Orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Chiropractic

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Dr. Marco Joseph LaStarza - President

FILED
05 JUL - 7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
1452 Victoria Village Lane Apt. # 4318 Orlando, FL 32828
Dr. Marco Joseph LaStarza

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
1452 Victoria Village Lane Apt. # 4318 Orlando, FL 32828
Dr. Marco Joseph LaStarza

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Signature/Registered Agent

6/14/2005
Date

[Signature]
Signature/Incorporator

6/14/2005
Date