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(Requestor's Name)					
					
(Add	dress)				
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PICK-UP	☐ WAIT	MAIL			
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2021 JUL 13 PH 3: 20

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lacas Corp.						
		-				
			Art of Inc. File			
		,	LTD Partnership File			
			Foreign Corp. File L.C. File Fictitious Name File 32 32 33 45 55 55 55 55 55 55 55 55			
			L.C. File 👙 📮 🗖			
			L.C. File Fictitious Name File 33			
			L.C. File			
			Merger File			
			Art, of Amend, File			
			RA Resignation			
			Dissolution / Withdrawał			
			Annual Report / Reinstatement			
			Cert. Copy			
			Photo Copy			
			Certificate of Good Standing			
			Certificate of Status Certificate of Fictitious Name Corp Record Search			
			Officer Search			
			Fictitious Search			
Signature			Fictitious Owner Search			
<u> </u>			Vehicle Search			
	-		Driving Record			
Requested by: SETH	07/12/21		UCC 1 or 3 File			
Name	Date	Time	UCC II Search			
· · · · · · · · · · · · · · · · · · ·	water		UCC 11 Retrieval			

COVER LETTER

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

SUBJECT: Lacas Corp.							
(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 \$78.75 \$87.50							
Filing Fee Filing Fee, & Certificate of Status Filing Fee Filing Fee, & Certified Copy & Certificate of Status							
ADDITIONAL COPY REQUIRED							
FROM: Mimi Bared Name (Printed or typed)							
201 Alhambra Circle, Suite 501 Address							
Coral Gables, FL 33134 City, State & Zip							
305-666-6010							
Daytime Telephone number mimi@baredlaw.com E-mail address: (to be used for future annual report notification)							
NOTE: Please provide the original and one copy of the articles							

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

ARTICLE I The name of the co	NAME Lacas Corp. rporation shall be:				
· ·	PRINCIPAL OFFICE Principal street address	Mailing s	Mailing address, if different is:		
5	201 Alhambra Circle Suite 501 Coral Gables, FL 33134				
	PURPOSE hich the corporation is organized is: wful business.				
ARTICLE IV The number of share	SHARES es of stock is:100 Shares at \$1.00 Par Va	alue.			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	28			
	tle:Jacobo Sacal, President	Name and Title:			
Address:	201 Albambra Circle, Suite 501	Address:			
	Coral Gables, FL 33134				
			·		
					
Name and Ti	tle: Moises Sacal Dumani, Secretary	Name and Title:			
Address:	201 Alhambra Circle, Suite 501	Addrose			
	Coral Gables, FL 33134				
	-	-			
			>> 50		
Name and Tit	lle:	Name and Title:			
Address:			J> . C		
			(0)		
			**		
ARTICLE VI	REGISTERED AGENT		(7)		
	ida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Pablo R. Bared, Esq.	the registered agent is.	T ***		
Address:	201 Alhambra Circle Suite 501	=	5° + 6		
raucs.		-	·		
	Coral Gables, Fl. 33134	-			
ARTICLE VII	INCORPORATOR				
	ress of the Incorporator is:				
Name:	Pablo R. Barred, Eso.				
Address:		-			
Addiess.	201 Alhambra Circle, Suite 501	_			
	Coral Gables, FL 33134	~			
Havina heen name	d as registered agent to accept service of process	Con the change stated arms			
this cartificate I am	familian with and accept the appointment as regi	for the above stated corpo	ranon at the place designated in		
,,	January and accept the appointment as regi	sieren agem and agree to a	ci in inis capacity		
			July 12, 2021		
	Required Signature/Registered/Argent		Date		
Frank, to the second					
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a		
aocument to the Dep	partment of State constitutes a third degree felony	as provided for in s.817.15	5, F.S.		
		\			
		\	July 12, 2021		
	Required Signature/Incorporator		July 12, 2021 Date		
	. / / /	1	2010		