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SECRETARY OF STATE ALLAHASSEE, FLORIDA AND

w9-53390 VH

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: L. A. S. Enterprises, INC.	
Name of corporation - must include	suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence," or "Certificate of Good Standing" and check referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following	g:
Lisa Maia	
Name of Person	
L. A. S. Enterprises, INC.	
Firm/Company	
2413 L and A Road	
Address	
Metairie, LA 70001	
City/State and Zip code	
Imaia@lasenterprises.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please call:	
Lisa Maia at (504) 887-1515	
Name of Person Area Code & Daytim	e Telephone Number
New Filing SectionNew IDivision of CorporationsDivision Division Division Building	LING ADDRESS: Filing Section ion of Corporations Box 6327 hassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$78.75 Filing Certified Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2009

LISA MAIA ****2ND ML**** 2413 L AND A ROAD METAIRIE, LA 70001

SUBJECT: MAIA ENTERPRISES, INC.

Ref. Number: W09000053390

We have received your document for MAIA ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Please return the corrected 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

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Letter Number: 109A00037454

Division of Compositions DO POV 6997 Tollahassas Florida 2001

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	L.A.S. Enterpri	ses, Inc.				_	
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"			
		s & Shutters, Inc.			,	_	
	(If name unavaila	able in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting busine	ss in Florida	ı) ·	
2.	Louisiana		3.	721138314			
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)			
4.	February 01, 1	989	5.	perpetual			
,,		of incorporation)		(Duration: Year corp. will cease to exist or	"perpetual")	
6.							
				Florida, if prior to registration)			
	A. II	` ^ ^		502, F.S., to determine penalty liability)			
7.,	2413	Land A Road Metairie,	L	H 70001		_	.
		(Principal office a	dd	ress)	₽SE	09 05	•
	2413 L and A R	toad Metairie, LA 70001			돌윤	<u>_</u> E	_
		(Current mailing a	dd	ress)	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	_C _2	
					H.C.		后套
8.	Home Improver					Hd	005
	(Purpose(s) of corporation authorized in home state or	CC	ountry to be carried out in state of Florida)	高量	ယ္	C
9.	Name and stree	et address of Florida registered agent: (P	P.C). Box NOT acceptable)	- ₩mi	01	
	Name:	Harlan Dulmage			v		
Office Address:		11919 Northumberland Drive					
		Tampa		, Florida <u>33626</u>			
		(City)		(Zip code)			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

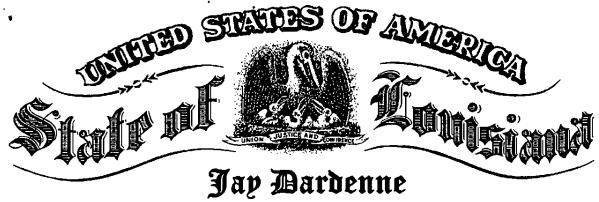


12. Names and business addresses of officers and/or directors:

09 DEC 24 PM 3: 10 A. DIRECTORS Chairman: None Address: __ Vice Chairman: ____ Address: _ Director: Address: Director: _ Address: _ **B. OFFICERS** President: Richard Maia Address: 213 Orchard Row, Abita Springs, LA 70420 Vice President: ____ Address: Secretary: Lisa Maia Address: 213 Orchard Row, Abita Springs, LA 70420 Treasurer: Lisa Maia Address: 213 Orchard Row, Abita Springs, LA 70420 NOTE ry, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14. Richard Maia President and Owner



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

L. A. S. ENTERPRISES, INC.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on February 01, 1989,

I further certify that no Certificate of Dissolution has been issued.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

י ביורנה

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 9, 2009

Secretary of State

MB 34322984D



Certificate ID: 10021909#LUL61

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.

www.sos.louisiana.gov