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OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

300003422753--5

-10/12/00-01043-024

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

OFFICE USE ONLY

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

1. LAS AMERICAS ENTERPRISES INC.  
(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

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

FILED  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
00 OCT 12 PM 3:40

RECEIVED  
00 OCT 12 AM 10:55  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

CP

FILED  
SECRETARY OF STATE  
CORPORATIONS  
00 OCT 12 PM 3:40

ARTICLES OF INCORPORATION

LAS AMERICAS ENTERPRISES, INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:

LAS AMERICAS ENTERPRISES, INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 100 SHARES AT \$ 1.00 PAR VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$100.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IF THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

7891 W, FLAGLER ST.#326 MIAMI, FL. 33144.-

ARTICLE VII

THE NAMES AND ADDRESSES OF THE PERSONS SIGNING THESE ARTICLES ARE:

NAMES

ADDRESS

MARTHA BEATRIZ MORALES 450 SW 90 CRT. Miami, Fl. 33174

00 OCT 12 PM 3:40

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN THREE DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

NAMES

ADDRESSES

D/PVPTS Martha Beatriz Morales 450SW 90Crt.Miami, Fl. 33174

ARTICLE IX


THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

NAME

ADDRESS

MARTHA BEATRIZ MORALES 450 SW 90Crt.Miami., Fl. 33174

IN WITNESS WHEREOF, THESE ARTICLES OF INCORPORATION HAVE BEEN EXECUTED THIS 11TH - - DAY OF OCTOBER, 2000.-

  
MARTHA BEATRIZ MORALES

INCORPORATOR AND, REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I, HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

STATE OF FLORIDA )

)

COUNTY OF DADE ) SS

I HEREBY CERTIFY THAT MARTHA BEATRIZ MORALES .- TO ME PERSONALLY KNOWN, THIS DAY ACKNOWLEDGE BEFORE ME THAT THEY EXECUTED THE FOREGOING ARTICLES OF INCORPORATION , AND I FURTHER CERTIFY THAT THE SAID PERSONS MAKING SAID ACKNOWLEDGMENT TO BE THE INDIVIDUAL DESCRIBED IN AND EXECUTED THE SAID INSTRUMENT.

FILED  
SECRETARY OF STATE  
CORPORATIONS

3

00 OCT 12 PM 3:40

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND  
OFFICIAL SEAL IN SAID COUNTY AND STATE, THIS - 11TH  
DAY OF OCTOBER, 2000.-

  
~~NOTARY PUBLIC, STATE OF FLORIDA~~



MY COMMISSION EXPIRES: