

TRANSMITTAL LETTER

P00000108657

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

FILED
00 NOV 20 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: LASER IAN CONNECTION, INC
(Proposed corporate name - must include suffix)

8000003471538--5
-11/20/00--01160--019
*****87.50 *****87.50

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: EUCLIDES SEMPRUN
Name (Printed or typed)

8001 NW 36 Street suite 109
Address

Miami, FL 33166
City, State & Zip

(305) 392-5557
Daytime Telephone number

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

Pat 11/20/00

ARTICLES OF INCORPORATION

I, undersigned incorporator, for the purpose of forming a corporation under the Florida
Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

name of the corporation shall be:

LASER LAN CONNECTION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8001 NW 36 Street Suite 109
Miami, FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

EUCIDES SEMPRON
3377 SW 1 AVE
Miami, FL 33145

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

EUCIDES SEMPRON
3377 SW 1 AVE
Miami, FL 33145



Signature/Incorporator

11-15-00

Date

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent

11-15-00

Date