# Requester's Name Bob Wyman -3095 S-Military Trl Ste 5 Lake Worth, FL 33463-2108 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 22, 2001

BOB WYMAN 3095 S. MILITARY TRAIL, SUITE 5 LAKE WORTH, FL 33463-2108

SUBJECT: LARUE ENTERPRISES INC.

Ref. Number: W01000014508

We have received your document for LARUE ENTERPRISES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6052.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 901A00037978

# ARTICLES OF INCORPORATION

of



		٠. د
DLA	ENTER PRISES INC.	,s
	(name of corporation)	<u> </u>
The undersigned corporation under	ned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a natural person ander the laws of the State of Florida.	
The name of th	ARTICLE I - CORPORATION NAME he corporation is:	
OL	A ENTERPRISES INC.	
This corporation	ARTICLE II - DURATION on shall exist perpetually unless dissolved according to Florida law.	
The corporation States and the S	ARTICLE III - PURPOSE  In is organized for the purpose of engaging in any activities or business permitted under the laws of the United State of Florida.	
	ARTICLE IV - CAPITAL STOCK	
The corporation Dollar(s) (\$/_	is authorized to issue ONE THOUSAND shares (1000) of ONE ) par value Common Stock, which shall be designated "Common Shares".	e Northead
The street addres	ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT ess of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:	
	O .	i taga <del>linana</del> na masa
ADDRESS	9-0-	٠
CITY	1 DICE NAME OF THE S	
The principal offi	fice, if known, or the mailing address of the corporation is:	.,
NAME	DONALD ALLYBRIDED	u <u>ndanad</u> 1

FLORIDA

33460

1223 SOUTH L

LAKE WORTH

ADDRESS

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

of the initial	director(s) of the c		s, but shall never be less than one (1). The	names and addresses
	director(3) or the c	corporation are as follows:		
IAME	DONALD	HLEXAM		
DDRESS	1223	SOUTH L	. 72	
CITY	トサイモ	WORTH	STATE FLORIOR	ZIP 33440
IAME	<del></del> :			
ADDRESS			1, 4, 4 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY			STATE	ZIP
NAME				
ADDRESS	<u> </u>		Allen and a second a second and	<u> </u>
CITY			STATE	ZIP
		ARTICLE V	VII - INCORPORATORS	
The names	and addresses of th	ne incorporators signing the	ese Articles of Incorporation are as follows:	
NAME	ROBEY	ZT WYM	AN	
ADDRESS	3095	S. MILITA		. <u>5</u>
CITY	LAKE	WORTH	STATE FLORIDA	ZIP 33463
	مرابع يسرح	46.214.11		
NAME	C 83 July	WOKIN		
		W02(1)		
ADDRESS		WOK(II	STATE	ZIP
ADDRESS CITY		WOK	STATE	ZIP
ADDRESS CITY NAME		WORL	STATE	ZIP
NAME ADDRESS CITY NAME		WOK	STATE	ZIP
ADDRESS CITY		WORL	STATE	ZIP
ADDRESS CITY NAME ADDRESS CITY	SS WHEREOF, the		STATE	ZIP
ADDRESS CITY NAME ADDRESS CITY	SS WHEREOF, the			ZIP
ADDRESS CITY NAME ADDRESS CITY	SS WHEREOF, the	e undersigned subscribcr(s	STATE	ZIP
ADDRESS CITY  NAME ADDRESS CITY  IN WITNE	SS WHEREOF, the	e undersigned subscribcr(s	STATE	ZIP  tion this 18  (Seal)
ADDRESS CITY NAME ADDRESS CITY	SS WHEREOF, the	e undersigned subscribcr(s	STATE	ZIP

# CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



DLA ENTERPRISES

iNC.

(name of corporation)

i uisuani to i	rollua statutes sections 48.091 and 607.0501, the following is submitted:				
The above co	orporation, desiring to organize under the laws of the State of Florida with				
	office as indicated in the Articles of Incorporation				
at	ROBERT WYMAN				
	3095 S. MILITARY TRAIL SUITE 5				
has named	LAKE WORTH, FLA. 33463-2108				
located at the	aforesaid address, as its Registered Agent to accept service of process within				
this state.					

### **ACKNOWLEDGMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Wynon (registered agent)