

PD3000044041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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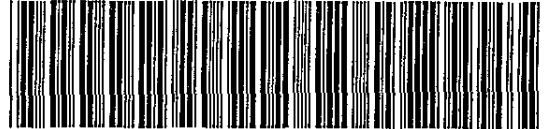
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/03--01036--008 **78.75

FILED
03 APR 17 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LAG Concepts, Inc.
(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
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: Eric Horowitz
Name (Printed or typed)

3260 NW 112 Ave
Address

Coral Springs FL 33065
City, State & Zip

954 471-6564
Daytime Telephone number

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 NAME

The name of the corporation shall be:

LAG concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 8297
Coral Springs FL 33075

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any legal enterprise in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Eric Horowitz
3260 NW 112 Ave
Coral Springs FL
33065

Kent A. Cheeseboro
13918 SW 90th Ave
Miami FL 33176

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kent Cheeseboro
13918 SW 90th Ave
Miami FL 33176

ARTICLE VII INCORPORATOR

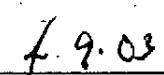
The name and address of the Incorporator is:

Eric Horowitz
3260 NW 112 Ave
Coral Springs FL 33065

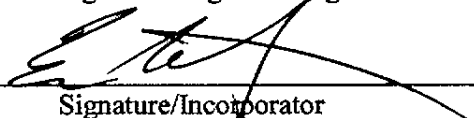
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA