

P03000090006

(Requestor's Name)

Dominique R LAUARD
15895 Sw 139th st
Miami, FL 33196

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

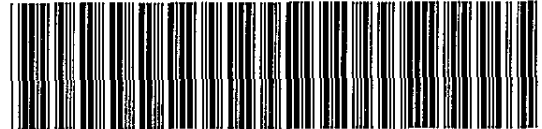
(Business Entity Name)

(Document Number)

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T. Lewis

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TAMPA, FL

LAVAUD, INC.
P.O BOX 770092
MIAMI FL 33177

Thursday, October 14, 2004

To Whom It May Concern:

My name is Dominique R. Mathurin, and I opened my corporation named LAVAUD, INC., on August 18th 2003. I would like to have my name changed on the Article of Incorporation from Dominique R. Mathurin, which is my maiden name, to Dominique R. Lavaud, which is now my married name.

I am including a copy of my marriage license as proof.

Thank you and I look forward to hearing from you soon.

Sincerely,

D. Lavaud

Dominique R. Lavaud

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Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)
 STATE OF FLORIDA, COUNTY OF DADE
 THIS IS TO CERTIFY THAT THE FOREGOING IS A
 TRUE AND CORRECT COPY OF THE DOCUMENT
 ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
 WITNESS MY HAND AND OFFICIAL SEAL
 THIS 16th DAY OF June 2003
 HARVEY RUVIN, CLERK OF CIRCUIT COURT



BY Gloria Melendez D.C.
4533

2003-012720

BK/PG: 0415/01878

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) RALPH JEAN PIERRE LAVAUD			2. DATE OF BIRTH (Month, Day, Year) MAR 30, 1979		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		3b. COUNTY DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) HAITI	
5a. BRIDE'S NAME (First, Middle, Last) DOMINIQUE RACHELE MATHURIN			5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year) MAY 08, 1974
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		7b. COUNTY DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) NEW YORK	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 05, 2003	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 05, 2003	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) 	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
 A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
 BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED JUNE 05, 2003	18a. DATE LICENSE EFFECTIVE JUNE 08, 2003	19. EXPIRATION DATE AUG 03, 2003
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C. (Carla J. Dempsey C46)	20c. BY D.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 06-16-2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE Miami	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) 10710 SW 21st St. Miami, FL 33189	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Gloria Melendez Deputy Clerk		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

GROOM	26. SOCIAL SECURITY NUMBER 592-85-4931	27. RACE BLACK	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 01	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE	30. SOCIAL SECURITY NUMBER 126-76-8352	31. RACE BLACK	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 01	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)