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(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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TRANSMITTAL LETTER

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

SUBJECT:	LaRock Exter	prises INC.	
	(PROPOSED CORPORATE	NAME – MUST INCLUDI	E SUFFIX)
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
	Marion R. Name (Pr	FL , 32321 State & Zip	

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:

LAROCK Exterprises, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18989 N.E ROCKY LANG Bristol FL. 32321 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rotail

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MArion R. Mereditt Jr.

haute Moradith

REGISTERED AGENT

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

MANION R. Mardith Jr. 18989 NE ROCKY LAWY Bristol, FL. 32321 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Merion R. Meredith Ja.
18989 NE ROCKY LANE.

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

Maria Muller Signature/Incorporator