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# TRANSMITTAL LETTER

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

SUBJECT: Zoila	a LaRoche P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Z	oila LaRoche		
· · <u></u>	Name	(Printed or typed)	
	565 NE 112 Street		
		Address	
	Miami, FL 33161		
	City	, State & Zip	
	(305) 794-4141		
	Daytime 1	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:

Zoila LaRoche P.A.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

565 NE 112 Street Miami, FL 33161

### **PURPOSE** ARTICLE III

The purpose for which the corporation is organized is:

To engage in those activities involve real property transactions and many activities including real estate brokerage, development and construction, and investment.

### ARTICLE IV SHARES

The number of shares of stock is:

500 shares @ 1.00 commons.

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President

Zoila LaRoche

565 NE 112 Street

Miami, FL 33161

Director

Zoila LaRoche

565 NE 112 Street

Miami, FL 33161

### ARTICLE VI REGISTERED AGENT

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

Zoila LaRoche 565 NE 112 Street Miami, FL 33161

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Zoila LaRoche 565 NE 112 Street Miami, FL 33161

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

Signature/Incorporator

Date

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