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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time 2.00 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS **AMENDMENTS Profit** Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEBERY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I- NAME

THE NAME OF THE CORPORATION SHALL BE:

LARA'S CONSULTING SERVICES, INC

ARTICLE II- PRINCIPAL OFFICE

5209 NW 74 AVE SUITE # 226 MIAMI, FLORIDA 33166.

ARTICLE III- SHARES

1000 SHARES OF \$ 1.00

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADD.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

FRANCISCO J. LARA 5209 NW 74 AVE SUITE # 226 MIAMI,FL 33166.

ARTICLE V- INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

FRANCISCO J. LARA 5209 NW 74 AVE SUITE #226 MIAMI, FLORIDA 33166.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS ___28____ DAY OF __MARCH_____, 2006.

SIGNATURE

ARTICLE VI- DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

FRANCISCO J. LARA PRESIDENT
5209 NW 74 AVE SUITE# 226 DIRECTOR
MIAMI, FLORIDA 33166. SECRETARY

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLAY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE.