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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

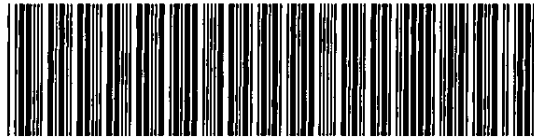
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: LAUREANO CONSTRUCTION CORPORATION  
(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: GABRIEL LAUREANO  
Name (Printed or typed)

487 BIRCHWOOD LANE  
Address

DELTONA, FLORIDA 32738  
City, State & Zip

386.479.3558  
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:

LAUREANO CONSTRUCTION CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

487 BIRCHWOOD LANE  
DELTONA, FLORIDA 32738

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE  
INCORPORATED UNDER CHAPTER 607, FLORIDA STATUTES

**ARTICLE IV SHARES**

The number of shares of stock is:

TWENTY (20)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

GABRIEL LAUREANO, President  
487 BIRCHWOOD LANE  
DELTONA, FLORIDA 32738

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GABRIEL LAUREANO  
487 BIRCHWOOD LANE  
DELTONA, FLORIDA 32738

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GABRIEL LAUREANO  
487 BIRCHWOOD LANE  
DELTONA, FLORIDA 32738

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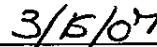
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA