

P07000087336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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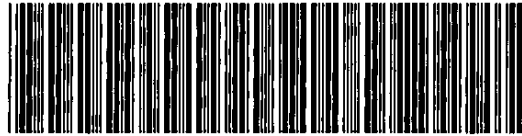
(Business Entity Name)

(Document Number)

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2007 AUG -2 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 2 2007

## COVER LETTER

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

SUBJECT: A Latras Corp.  
(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: Ana S. Latras  
Name (Printed or typed)

8753 NW 140 Lane  
Address

Miami Lakes, FL 33018  
City, State & Zip

305-821-2880  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2007

ANA SILVIA LATRAS  
8753 NW 140 LANE  
MIAMI LAKES, FL 33018

SUBJECT: A L CORP. DBA BIG PLUMBING  
Ref. Number: W07000034397

We have received your document for A L CORP. DBA BIG PLUMBING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 907A00045394

# 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:

*A Latras Corp.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*8753 NW 140 Lane Miami Lakes, FL 33018.*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Plumbing.*

## ARTICLE IV SHARES

The number of shares of stock is:

*100*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Ana Silvia Latras*

## ARTICLE VI REGISTERED AGENT

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

*Ana Silvia Latras.  
8753 NW 140 Lane.  
Miami, FL. 33018.*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Maria A. Pou.  
1834 NE Miami Gardens Dr.  
N. Miami, FL. 33179.*

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*7/31/07.*  
\_\_\_\_\_  
Date

*7/31/07*  
\_\_\_\_\_  
Date

FILED

2007 AUG -2 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA