P07000130523

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700112947517

12/10/07--01021--007 **78.75

DIVISION OF CORPORATIONS

89 12/10/02

COVER LETTER

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

SUBJECT: La Farra, Inc.	SED CORPORAT	E NAME – MUST INCLU	INE SUFFLY
Enclosed are an original and one (1)	copy of the articl	es of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate	e of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	Ĺ	ADDITIONAL CO	PY REQUIRED
FROM: Christopher		nas, Esquire	
128 East I	Livingston S	St.	· · · · · · · · · · · · · · · · · · ·
Orlando, I		tate & Zip	
407-228-4		anhona number	

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

ARTICLES OF INCORPÓRATION

n compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

La Farra, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 639 Cedar Forest Circle Orlando, Florida 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purposes

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President
Dallas Ladd
639 Cedar Forest Circle
Orlando, Florida 32828

Vice President Isaias Miranda

MARGINET PROBLEM 4832 REVINACIO RD. 1800. P. 32829

OT DEC 10 PM 2: 27

•	
/	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
DALLAS LADD	
639 CEDAR FORFST CIR	O. Zen
ORLANDO, PL 32828	To the second
ARTICLE VII INCORPORATOR	C Sign
The name and address of the Incorporator is:	
DALLAS LADD	7
639 CEDARFOLEST CIR	<i>\theta</i>
DAMAS LADD 639 CEDALFOLEST CIL ORLANDO, FL 32828	2
***************	**********
Having been named as registered agent to accept service of process for the	
certificate, I am familiar with and accept the appointment as registered agent	t and agree to act in this capacity
	11:08-0
Signature/Registered Agent	Date
	11.28.07
Signature/Incorporator	Date
Signature/incorporator	Date

.