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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA





COVER LETTER

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

| SUBJECT: LAVANDERIAS PLUS, | INC. | |
|---|-------------------------------------|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation ar | nd a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: Carlos N. Kramer | (Printed or typed) | · |
| 7300 Radice Court #602 | Address | |
| Lauderhill, Florida 3331 City, | 9 State & Zip | |
| 954 486 0177 Daytime T | elephone number | |
| kram2305@bellsouth.ne E-mail address: (to be used | t I for future annual report | notification) |

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 II PRINCIPAL OFFICE Principal street address | | | Mailing address, if different is: | | |
|--|---|---------------------|-----------------------------------|--|-------|
| | 580 Sawgrass Corporate Pkway uite 130 | | | | |
| a S | unrise, Florida 33323 | | | | _ |
| ARTICLE III | • | | | | |
| | hich the corporation is organized is: | | | | |
| Sales | | | | <u>2</u> 23 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | |
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| ARTICLE IV The number of shar | | | | PH 12: | |
| HE HUMBOCI OF SHAP | es of stock is.i o | | | BDE 5:5 | |
| | INITIAL OFFICERS AND/OR DIRECTO | | | J | |
| | tle:Carlos N. Kramer, President | Name and Ti | | | |
| Address: | 7300 Radice Court, #602 Lauderhill, Fla. 33319 | | | | |
| | Launemii, Fla. 33319 | | | | |
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| Address. | | Addiess. | | | |
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| Address: | tle: | Name and 1 | we: | | _ |
| 11111000. | | | | | |
| | | | | | |
| | REGISTERED AGENT rida street address (P.O. Box NOT acceptable) | of the registered s | ocent is: | | |
| Name: | Carlos N. Kramer | | -5 | | |
| Address: | 7300 Radice Court, #602 | | | | |
| | Lauderhill, Fla. 33319 | _ | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| | ress of the Incorporator is: | | | | |
| Name: | Carlos N. Kramer | | | | |
| Address: | 7300 Radice Court, #602 | | | | |
| | Lauderhill, Fla. 33310 | | | | |
| laving been name | ed as registered agent to accept service of proc | ess for the above | stated corporation at | the place designated | d in |
| | n familiar with and accept the appointment as r | | | | |
| c | | | | | |
| | | | <u>10.0</u> | 7.10 | _ |
| | Required Signature Registered Agent | | | Date | |
| submit this docu | ment a <u>nd</u> affirm that the facts stated herein a | re true. I am aw | are that the false info | rmation submitted i | in a |
| | payiment of State constitutes a third degree felo | | | | |
| | | | | | |
| | | | <u>10.</u> | 07.10 | _ |
| | Required Signature/Incorporator | | | Date | |