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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE FLORINA

COVER LETTER

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

SUBJECT: L.A.M. Services, Corp.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: L.A.M. SERVICES, CORI	P. (Printed or typed)
<u>15019 SW 90 STREET</u>	
MIAMI, FL 33196	Address State & Zip
305-216-6863 Daytime T	elephone number
arjonaa@bellsouth.net E-mail address: (to be use	d 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 I	NAME L.A.M. Services, Co	orp.	
The name of the c	orporation shall be:	•	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailir	ng address, if different is:
	Adys Arjona		
	15019 SW 90 Street	<u> </u>	
l	Miami, FL 33196		
ARTICLE III	DITEROCE		表出 para para para para para para para par
	which the corporation is organized is:		
	al corporation		Mo m
7 (pro100001011	ai corporation		
			' " [
			. DA 36
ADDICE SITE	CITA DEG		
ARTICLE IV	SHARES ares of stock is:100		
The number of sna	ares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
Name and T	Title: Adys Arjona	Name and Title:	
Address:	15019 SW 90 St	Address:	
	Miami, FL 33196		
Name and T		Name and Title	
Address:	itte.		
radiess.			
			
			_
	Title:		
Address:	Address:		
	-		
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Adys Arjona		
Address:	15019 SW 90 Street		
	Miami, FL 33196		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Adys Arjona		
Address:	15019 SW 90 Street		
	Miami, FL 33196		
	ned as registered agent to accept service of p		
inis cerujicate, i a	ım familiar with and accept the appointment of	us registerea agent ana agree	to act in this capacity
	(In Doze		07/00/44
	CITION		07/06/11
	Required Signature/Registered Agen	t	Date
l submit this doc	ument and affirm that the facts stated herei	n are true. I am aware that	the false information submitted in a
	Department of State constitutes a third degree		
		jerenj na promitu joi m 3101	reaccy a size
	(mybren		07/06/11
	Required Signature/Incorporator		Date
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