

711000068244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 28 AM 9:46

FILED

J. Stivers JUL 29 2011

COVER LETTER

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

SUBJECT: LASM Landscaping inc

(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: Walfreddy Gomez

Name (Printed or typed)

3450 West 84 Street Suite 202-F

Address

Miami, FL 33018

City, State & Zip

786 234-2260

Daytime Telephone number

gomezwal@hotmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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: **LASM Landscaping Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
13020 SW 257 Terr
Homestead, FL 33032

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Landscaping and Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Marcos Gonzalez President**
Address: **13020 SW 257 Terr**
Homestead, FL 33032

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Marcos Gonzalez**
Address: **13020 SW 257 Terr**
Homestead, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Walfreddy Gomez PA**
Address: **3450 West 84 St Suite 202-F**
Hialeah, FL 33018

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


Required Signature/Registered Agent

7/20/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

7/20/11
Date

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TALLAHASSEE, FLORIDA