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2PM AUG 11 AM 13:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 12 2011

**COVER LETTER**

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

**SUBJECT: Laphs, 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: Luis G Di Mare B

Name (Printed or typed)

20215 vintage oaks place

Address

tampa , Fl < 33647

City, State & Zip

813 -731 -2818

Daytime Telephone number

ldimare2@aol.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
2PM AUG 11 AM 18:00  
FILED

**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

The name of the corporation shall be: Laphs , Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
15310 Amberly Drive , Suite 250
Tampa , FL , 33647

Mailing address, if different is:

P.O. Box 48556
Tampa , FL , 33646

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any Lawfull purpose

ARTICLE IV SHARES

The number of shares of stock is: one hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Gustavo Di Mare Badilla
Address: 20215 vintage Oaks Place
Tampa , FL , 33647
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: Luigi G. Di Mare Volio
Address: 20215 Vintage Oaks Place
Tampa , FL , 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis G Di Mare Badilla
Address: 20215 vintage Oaks Place
Tampa , FL , 33647

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AUG 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of Registered Agent

Required Signature/Registered Agent

07/28/2011

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.

Signature of Incorporator

Required Signature/Incorporator

07/28/2011

Date