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COVER LETTER

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

SUBJECT: Laube Enterprises Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d 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: Benjamin Laube Name	(Printed or typed)			
286 Autumn Breeze W	ay ddress			
Winter Park, Florida 3	2792 State & Zip			
407-712-4836 Daytime Te	lephone number			
me@benlaube.com E-mail address: (to be used	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 The name of the c	NAME Laube Enterprises Inc		
ARTICLE II			
	Principal street address	Mailing a	address, if different is:
	286 Autumn Breeze Way	<u> 7.0. Bor</u>	181792
•	Winter Park, Florida 32792	_Casselbe	117, FL 32718-174;
ARTICLE III	PIIRPOSE		
	which the corporation is organized is:		
	ny and all lawful business for which o	corporations may be in	ncorporated under the laws
of the State		•	·
ARTICLE IV	CHADEC		
	ures of stock is: 100 shares of \$1.00 par	value Common Stock	
			•
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		•
	itle:Ben Laube	Name and Title:	
Address:	286 Autumn Breeze Way	Address:	
	Winter Park, Florida 32792		
		_	
Name and T	ïtle:	Name and Title:	
Address:		Address:	-
•			, , , , , , , , , , , , , , , , , , ,
Name and T	itle:	Name and Title:	
Address:		Address:	
45000000000			3.3
	REGISTERED AGENT	Cthe meistered count is:	12 ≦ ₃
Name:	orida street address (P.O. Box NOT acceptable) or Ben Laube	of the registered agent is:	
Address:	286 Autumn Breeze Way	_	
redicos.	Winter Park, Florida 32792	_	25 1912
	**IIICI I air, I IUIIUA UZI 32		
	<u>INCORPORATOR</u>		
	Iress of the Incorporator is:		
Name:	Ben Laube		18 m m 2
Address:	286 Autumn Breeze Way Winter Park, Florida 32792	_ _	a 250
Havino heen name	ed as <u>reg</u> istered agent to accept service of proces	ss for the above stated como	tration at the place designated in
	ngapidiar with and accept the appointment as re		
• ///			
	Jane. Souls		5/23/2012
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are	e true. I am aware that the	false information submitted in a
document to the D	epartment of State constitutes a third degree felon	ry as provided for in s.817.15	5, FS.
	- V 1/		27/2010</td
	ya ful		5/23/2012
	Required Signature/Incorporator		Date