# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA PROFIT/NON PROFIT CORPORATION LARM Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LARM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4694 West Irlo Bronson Memorial Highway Kissimmee, FL 34746

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ajay Mehta 4694 West Irlo Bronson Memorial Highway Kisalmmee, FL 34746

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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## ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are):

Ajay Mehta - President/Director 4694 West Irlo Bronson Memorial Highway, Kissimmee, FL 34746

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ajay Mehta 4694 West Irlo Bronson Memorial Highway, Kissimmee, FL 34746

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

<u>17th</u> day of <u>August</u> 20 12

Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LARM INC.	-	
2. The name and address of the registered agent and office is:	12 /	ISIAIC 33S
Alay Mehta Name	AUG 22	PACTARD
4694 West Irlo Bronson Memorial Highway (P.O. Box or Mail Drop Box NOT Acceptable)	PH -:	ORF ST
Kissimmee, FL 34746  (City / State / Zip)	2	ATIONS

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

