P1200085235

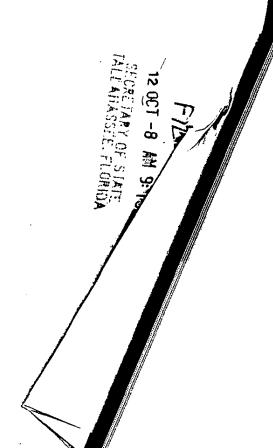
(R	equestor's Name)	
(A	ddress)	
- (2)		
(A)	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	0#:	
	Office Use Only	/



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10/08/12--01022--017 **78.75

MRD/2



COVER LETTER

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

SUBJECT: Lago Mar Recovery, In	IC .
(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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROм: <mark>Juan Pug</mark> Name	e (Printed or typed)
P.O. Box 560062	Address
Miami. FL 33256-0062 City,	State & Zip
305-785-7844 Daytime T	elephone number
E-mail address: (to be used	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 The name of the corp	VAME Poration shall be:	nc	
ARTICLE II F	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	868 SW 74 LN	P.O. Box 56006	52
Mi	ami, FL 33193	Miami. FL 3325	56-0062
		 	
ARTICLE III P	URPOSE		
	ch the corporation is organized is:		2 7
"Professional (ARTICLE IV S The number of shares	SHARES		THE PERSON
	,		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTO	ORS	*
Name and Title	Juan Pug / President	Name and Title:	
Address:	15868 SW 74 LN		
	Miami, FL 33193		
Name and Title	o:	Name and Title:	
Address:		Address:	
			
Name and Title	e:	Name and Title:	
Address:		Address:	,, , , , , , , , , , , , , , , , , , , ,
		<u> </u>	
			17
ARTICLE VI R	EGISTERED AGENT		
The name and Florid	da street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Juan Pug		
Address:	15868 SW 74 LN	<u> </u>	
	Miami, FL 33193		
ARTICLE VII II	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Juan Pug		
Address:	15868 SW 74 LN		
	Miami, FL 33193		
	as registered agent to accept service of proc familiar with and accept the appointment as r		
		<i>)</i> .	10-5-12
	Required Signature/Registered Agent	/	Date
I submit this docum	ent and affirm that the facts stated herejn a	re true. I gm aware that the	false information submitted in a
	artment of State constitutes a third degree feld		
			10-5-12
/// -	Required Signature/Incorporator		Date