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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 OCT - 8 AM 9:10
FILE

MRS
10/9/12

COVER LETTER

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

SUBJECT: Lago Mar Recovery, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Juan Pug
Name (Printed or typed)

P.O. Box 560062
Address

Miami. FL 33256-0062
City, State & Zip

305-785-7844
Daytime Telephone number

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 NAME

Lago Mar Recovery, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
15868 SW 74 LN
Miami, FL 33193

Mailing address, if different is:

P.O. Box 560062
Miami, FL 33256-0062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
"Professional Corporation"

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Pug / President
Address: 15868 SW 74 LN
Miami, FL 33193
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: Juan Pug
Address: 15868 SW 74 LN
Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Pug
Address: 15868 SW 74 LN
Miami, FL 33193

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

10-5-12

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

10-5-12

Date