## P12000089339

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



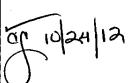


100240477961

10/23/12--01012--007 \*\*78.75

12 UCT 23 PM 2: 23

FILLY OF STATE



## **COVER LETTER**

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

SUBJECT:	LORE-ARGIA, Inc.								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )									
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 CO	OPY REQUIRED						
FROM: L	.ORE-ARGIA, Inc.				. 9				
	Name	(Printed or typed)		12	Šg.				
<u>6</u>	882 SW 157 CT			007	12 PM				
	Α	ddress		23					
M	IIAMI, FL 33193	Sa. 4. 0. 72:	<u></u>	P	OFF C				
	City, s	State & Zip		5: 5	RAI				
7	86-338-1742			23	<i>함</i> -				
Daytime Telephone number									
<u>C</u>	LAUDETTERG@GMAI E-mail address: (to be used	L.COM 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	NA ME		Cara and T	ARY OF STATE		
The name of the cor	noration chall has		าเทริกัน	F CORPORATIONS		
ARTICLE II	LORE-ARGIA, Inc.					
ARTICLEII	Principal street address		Mailing address, if different is	23 PM 2: 23		
<u>68</u>	382 SW 157CT	<del> </del>		· · · · · · · · · · · · · · · · · · ·		
М	IAMI, FL 33193					
_						
ARTICLE III F	<del></del>					
	ich the corporation is organized is:					
Conduct legal	business in the state of Florida.					
ARTICLE IV	SHARES					
The number of share	es of stock is: 100 shares					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	s				
	le: Claudette Rodriguez/Pres	Name and Title	> <u></u>			
Address:	6882 SW 157CT	_ Address:				
	Miami, Fl 33193	-	<del></del>			
		-				
	le:		b:			
Address:	•	_ Address:				
		-				
Name and Titl Address:	e:	Name and Title	D:			
Address.		_ Addiess.				
		•				
ARTICLE VI	REGISTERED AGENT			•		
	ida street address (P.O. Box NOT acceptable) of	the registered age	ent is:			
Name:	Claudette Rodriguez					
Address:	6882 SW 157 ct	-				
	Miami, Fl 33193	-				
	NCORPORATOR					
The <u>name and addr</u> Name:	ress of the Incorporator is:					
Address:	Claudette Rodriguez 6882 SW 157 ct					
	Miami, Fl 33193	• •				
Umina haan nama	i as registered agent to accept service of process	for the above st	ated composation at the place	decimated in		
	f as registered agent to accept service of process familiar with and accept the appointment as regis			uesignatea in		
	$\sim$	are an argument	_	1		
	Reguling Signature/Registered Agent		10/1	8/2012		
	Required Signature/Registered Agent		Dat	e		
I submit this docum	ent and affirm that the facts stated become are	true. I am awasa	o that the false information s	suhmitted in a		
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.						
<b>-</b>	6)//	<u>.</u>		10/-		
	(GBULB)		_10/	18/2012		
	Required Manahire/incorporator	· · · · · · · · · · · · · · · · · · ·	—— <u>—</u>	oto /		