## 713000005810

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





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## **COVER LETTER**

Department of State

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

SUBJECT: LAS	STA, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Englosed are an original	inal and one (1) some of the one	rialas afinas meanstian an	d a chaole fam
Enclosed are an orig	inal and one (1) copy of the ar	ncies of incorporation and	a a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY KEQUIKED
FROM: B	ORKO IJACIC	e (Printed or typed)	
58	310 21st St. N. A	1	
		Address	
St	Petersburg FL		
	City,	State & Zip	
77	73-443-3134		
	Daytime T	elephone number	
bo	rkoijacic@gmail.		
	E-mail address: (to be use	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 II	PRINCIPAL OFFICE	* *			
	Principal street address	Mailing a	address, if different is	) <b>,</b>	
	5810 21st St. N. Apt 15				
	St Petersburg FL 33714				—
•		<del></del>			_
ARTICLE III				. :.	_1
he purpose for w	hich the corporation is organized is: organiz	ed to transact any busine	ess activity which	i is iega	31
under Florida	state law.				
	a				
<b>ARTICLE IV</b> The number of sha	SHARES tres of stock is: 1000				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT				
	itle: Borko ljacic, President, Secretary				
Address:	5810 21st St. N. Apt 15	Address:			
	St Petersburg FL 33714			<del></del>	—
			<del></del>		
	itle:				
Address:	· · · · · · · · · · · · · · · · · · ·	Address:			
		<del></del>			_
	itle:		<del></del>	<del></del>	
Address:					
		<del></del>	<del></del>	_	_
			AS:	<b>L</b>	
	REGISTERED AGENT	I-V - 641	<b>≥</b> 3	JAN	
Name:	prida street address (P.O. Box NOT acceptable Borko ljacic	e) of the registered agent is:		-2-	**
Address:	5810 21st St. N. Apt 15	<del> </del>	35. 35.	9	7
Addicss.	St Petersburg FL 33714	<del></del>	H <sub>C</sub>		
	<del></del>		27		`
ARTICLE VII	INCORPORATOR			•••	
	dress of the Incorporator is:		ŞH.	<del>-</del>	
Name:	Borko Ijacic 5810 21st St. N. Apt 15	<del></del>			
Address:	St Petersburg FL 33714				
Having been nam	ned as registered agent to accept service of pro	ocess for the above stated corp	oration at the place	designate	ed
his certificate, I a	yn familiar with and accept the appointment a	s registered agent and agree to	o act in this capacity		
	/ .				
Donko 111	wit		12/11/2012		
7	Required Signature/Registered Agent		Dat	e	
V Submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the	e false information s	uhmitted	in
	Department of State constitutes a third degree j				.,,
100	7) .	ggov en area v		_	
			, ,	/	
Sorke	& Been &		12/11/	2012	