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Florida Department of State

Division of Corporations Electronic Filing Cover Shect

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FLORIDA PROFIT/NON PROFIT CORPORATION LAVRES SUPPLY INC.

Certificate of Status		0
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Page Count	Ţ	03
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Help

J. Shivers Ark 0 4 2013

Florida Department of State

Attention: New Filings Section'

To whom it may concern:

This is to advise you that the owners of LAVRES of Doc# \$\frac{21}{11000081321}\$ are the same

____ are the same owners of the attached

articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely,

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:

LAVRES Supply INC

ARTICLE II - PRINCIPAL OFFICE

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

8503 NW 124 ST. Miami PL 33175

<u>ARTICLE III – SHARES</u>

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

100 @ \$ 1.00

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAZARO ALVARES 8503 NW 124 ST. Miami FL 33175 13 APR - 3 AM 9: 52

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

LAZARO ALVARES 8503 NW 124 ST. Miami FL 33175

ARTICLE VI- DIRECTOR (S)

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

LAZARO ALVARES (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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