

P14000004142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

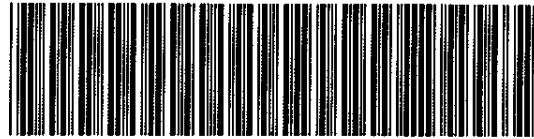
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DIVISION OF CORPORATIONS
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[Handwritten signature]

COVER LETTER

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

SUBJECT: RA LAKE PLACID RETAIL, 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

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com
Name (Printed or typed)

1 Radisson Plaza, Suite 800
Address

New Rochelle, NY 10801-5769
City, State & Zip

877-330-2677
Daytime Telephone number

Lorena Ambriz@hotmail.com
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 RA LAKE PLACID RETAIL, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
41 MIAMI DR
Lake Placid, FL 33852

Mailing address, if different is:
PO BOX 2389
Lake Placid, FL 33862

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To rent properties, carry out investment property functions, retail sales, and any other functions permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 100 - Par Value - 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa M Ambriz - President
Address: PO Box 2389
Lake Placid, FL 33862

Name and Title: Rosa M Ambriz - Treasurer
Address: PO Box 2389
Lake Placid, FL 33862

Name and Title: Humberto Ambriz - Vice President
Address: PO Box 2389
Lake Placid, FL 33862

Name and Title: _____
Address: _____

Name and Title: Rosa M Ambriz - Secretary
Address: PO Box 2389
Lake Placid, FL 33862

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: Rosa M Ambriz
Address: 41 Miami Drive
Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MylISAcorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801-5769

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

01/03/2014
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

1/6/2014
Date

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