4000263

| (Re | questor's Name) | | |
|-------------------------|--------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| - | | | |
| | | | |

Office Use Only



700257630237

03/24/14--01015--001 **78.75



COVER LETTER

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

| SUBJECT: Los | t Marc'h, Inc. | | |
|----------------------|--|--|--|
| | (PROPOSED CORPORA | ATE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

| ED () M | Teresa Carmenate |
|---------|--------------------------|
| rkowi | Name (Printed or typed) |
| | 100 East Dilido Drive |
| | Address |
| | Miami Beach, FL 33139 |
| | City, State & Zip |
| | 305.213.5815 |
| | Daytime Telephone number |
| | textbood@aol.com |

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 NAM The name of the corporat | E Lost Marc'h, Inc. | | 14 MAR 24 |
|--|---|-----------------|-----------------------------------|
| ARTICLE II PRII | VCIPAL OFFICE Principal <u>street</u> address | N | Mailing address, if different is: |
| Miami Beach, | FL 33139 | | |
| | POSE ne corporation is organized is: p) both via Internet and po | | |
| | | | |
| ARTICLE IV SHA The number of shares of s | IAL OFFICERS AND/OR DIRECTOR | | |
| Name and Title Address | Teresa Carmenate, owner | Name and Title: | |
| ridatess | Miami Beach, FL 33139 | - | |
| Name and Title: | | Name and Title: | |
| Address | | | |
| Name and Title | | | |
| | | | |
| | | _ | |

| Name and | d Title: | Name and Title: | |
|--|--|--|--|
| Address | | Address: | |
| | | | |
| | | | |
| | | <u></u> | |
| | | | |
| ARTICLE VI | <u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| | Teresa Carmenate | the registered agent is. | |
| Name: | 100 East Dilido Drive | | |
| Address: | | | |
| | Miami Beach, FL 33139 | | |
| ADMICE IN LITE | ANCORPOR 4 TOP | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| The name and ad | dress of the Incorporator is: | | |
| Name: | Teresa Carmenate | | |
| Address: | 100 East Dilido Drive | | |
| | Miami Beach, FL 33139 | | |
| Having been nam this certificate, I a | ned as registered agent to accept service of process of fundant with and accept the appointment as reg | for the above stated corporation istered agent and agree to act in | on at the place designated in this capacity 3 Date |
| | Department of State constitutes a third degree selon Required Signature/Incorporator | | |
| | | | , 1 |