

Sep. 11. 2014 10:22AM

KOEPEL LAW GROUP

N 1250 P 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KOEPEL LAW GROUP, P.A.
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Fax Number : (561)659-7006

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LA BARRE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
14 SEP 11 PM 12:01
TALLAHASSEE, FLORIDA

RECEIVED
14 SEP 11 AM 11:50
TALLAHASSEE, FLORIDA

MD 9/12

COVER LETTER

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

SUBJECT: LA BARRE, 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: Joel P. Koepfel, Esq.
Name (Printed or typed)
400 S. Australian Ave #300
Address
West Palm Beach, FL 33401
City, State & Zip
(561) 659-6455
Daytime Telephone number
Joel@KoepfelLawGroup.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

The name of the corporation shall be: LA BARRE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

211 Royal Poinciana Way, Suite A
Palm Beach, FL 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Physical fitness training

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lauren Elizabeth Kornblum, President

Name and Title: Jacquelyn Suzanne Quesada, VP/T/S

Address: 211 Royal Poinciana Way, Suite A
Palm Beach, FL 33480

Address: 211 Royal Poinciana Way, Suite A
Palm Beach, FL 33480

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
14 SEP 11 PM 12:01
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joel P. Koepfel, Esq.
Address: 400 S. Australian Ave #300
West Palm Beach, FL 33401

FILED
14 SEP 11 PM 12:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel P. Koepfel, Esq.
Address: 400 S. Australian Ave #300
West Palm Beach, FL 33401

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

9/10/14

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

9/10/14

Date