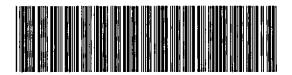


| (Requestor's Name) | | | | |
|-------------------------|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bı | isiness Entity Nan | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
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Office Use Only



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APR 1 _2015

S. GILBERT

COVER LETTER

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

| _{subject:} Las | Rose, Inc. | | |
|-------------------------|--|-------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d 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 CO | DPY REQUIRED |
| FROM: C | r Bonder Name | e (Printed or typed) | |
| 20 | 021 N Lemans B | | |
| | • | Address | |
| | ampa FL 33607 | | |
| 70 | City, D 2-460-5565 | State & Zip | |
| - | Daytime T | elephone number | |
| ple | onteron@gmail.com | | |
| | 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)

| • | In compliance with Chapter 607 ar | id/or Chapter 621, F.S. (Profit) |
|---|---|--------------------------------------|
| ARTICLE I NAM The name of the corporat | tion shall be: Las Rose, Inc. | 15 LED |
| | NCIPAL OFFICE | Mailing address; if different is: |
| 2021 N. Lamar | Principal street address | Mailing address; if different is: 02 |
| 2021 N Lemar | | - FLORIGA |
| Tampa FL 336 | 507 | |
| · | | |
| ARTICLE III PUR. The purpose for which t | <u>POSE</u> he corporation is organized is: Busine | ess consulting |
| | | |
| | (6) | |
| | | |
| ** | 1.10 | |
| | | |
| | ;· (1) | |
| | | |
| · | | |
| ARTICLE IV SHA The number of shares of | <u>RES</u> 1000 | |
| The number of shares of | Stock is: | |
| | TIAL OFFICERS AND/OR DIRECTO | <u>DRS</u> |
| Name and Title | Or Bonder - President | Name and Title: |
| Address | 2021 N Lemans Blvd | Address: |
| | #7310 | |
| | Tampa, FL 33607 | |
| · | | |
| Name and Title: | | Name and Title: |
| Address | | Address: |
| | | |
| | | |
| | | N. Lorid |
| | | Name and Title: |
| Address | | Address: |
| | | |
| | | |

| | d Title: | Name and Title: |
|-----------------------|--|--|
| Address | · · · · · · · · · · · · · · · · · · · | Address: |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| The <u>name and F</u> | lorida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: | Or Bonder | |
| Address: | 2021 N Lemans Blvd #7310 | |
| | Tampa FL 33607 | |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and a</u> | ddress of the Incorporator is: | |
| Name: | Doreen Porat Hamaoui | |
| Address: | 12006 98th Ave NE Ste105 | |
| | Kirkland, WA 98034 | |
| | med as magistaned against to appears somiling of process | Condition the second and the second design and the |
| | am familiar with and accept the appointment as regi | for the above stated corporation at the place designated in istered agent and agree to act in this capacity 3/23/2015 |
| this certificate, I | | istered agent and agree to act in this capacity |
| this certificate, I | am familiar with and accept the appointment as regularized Required Signature/Registered Agent | Istered agent and agree to act in this capacity 3/23/2015 Date true. I am aware that the false information submitted in a |