

04/27/2033

P.001 03

P15000051936

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000147411 3)))



H150001474113ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

15 JUN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****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
LC UNLIMITED INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

15 JUN 16 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. June 15 2015 JUN 15 2015

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

LC Unlimited Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

218 E 50 ST

Hialeah FL 33013

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lazaro CATALAN (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Lazaro CATALAN

218 E 50 ST

Hialeah FL 33013

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Lazaro CATALAN

218 E 50 ST

Hialeah FL 33013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 16 PM 4:38

FILED

H15000147411

H15000147411

Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date

15 JUN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000147411