Jun. 26. 20 :55 KOEPPEL LAW G 3 P 1

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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 : KOEPPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561)659-6455
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 etc, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

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15 JUN 26 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: La baire etc, 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. KOBPPEL, 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@KOBPPELLAWGROUP.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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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 etc, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

211 Royal Poinciana Way, Suite A

Palm Beach, FL 33480

Mailing address, if different is:

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

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

Name and Title: Jacquelyn Suzanne Quesada

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

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 JUN 26 AM 9:16

(((H15000157553 3)))

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. Koeppel, Esq.

Address: 400 S. Australian Ave #300

West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Joel P. Koeppel, Esq.

Address: 400 S. Australian Ave #300

West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 6.25.15

Required Signature/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.

_____ 6.25.15

Required Signature/Incorporator Date