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2016 MAR 11 PM12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2016

T. BROWN

COVER LETTER

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

LDAM INC.
SUBJECT: _____
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

ALEXANDRU MIDOR
FROM: _____
Name (Printed or typed)

456 SW 4TH AVE APT 4

Address

FORT LAUDERDALE, FL 33315

City, State & Zip

224-625-2753

Daytime Telephone number

SASHA_MIDOR@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

*FILED
2016 MAR 11 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

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: LDAM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
456 SW 4TH AVE APT 4
FORT LAUDERDALE, FL 33315

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE TRANSACTION OF ANY OR LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OR 621 FLORIDA STATUTES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDRU MIDOR, PRESIDENT

Name and Title: _____

Address: 456 SW 4TH AVE APT 4

Address: _____

FORT LAUDERDALE, FL 33315

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ALEXANDRU MIDOR

Address: 456 SW 4TH AVE APT 4

FORT LAUDERDALE, FL 33315

ARTICLE VII INCORPORATOR

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

Name: ALEXANDRU MIDOR

Address: 456 SW 4TH AVE APT 4

FORT LAUDERDALE, FL 33315

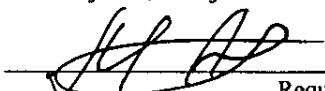
ARTICLE VIII EFFECTIVE DATE:

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.)

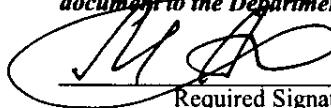
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

03/06/2016

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.

03/06/2016

Required Signature/Incorporator Date