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COVER LETTER

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

PII SUBJECT:	LA Globai	Investments, Inc.		
JOB#201.		(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original	and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.0 Filing F	ee I	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	PY REQUIRED
FROM	Larry G		ne (Printed or typed)	
			Address	
	Boynton	Beach, Florida 33437		
		City	, State & Zip	
	9549801	142		
		•	Telephone number	
	gilessale	sgroup@me.com		
		E-mail address: (to be use	ed for future annual report i	notification)

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

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

	AME PILA Global Investments	s, Inc.	
The name of the co	orporation shall be:		
ARTICLE II P 10175 Stonehenge	PRINCIPAL OFFICE Principal street address e Circle #1403		Mailing address, if different is:
Boynton Beach, F			
ARTICLE III P. The purpose for w	URPOSE real es hich the corporation is organized is:	tate investment	
			<u>></u>
			APR -5
ARTICLE IV S The number of sha	HARES 500000 res of stock is:		PH 4: 50
	NITIAL OFFICERS ANDIOR DIRECTOR. Larry Giles President	S Name and Title	Piedad Giles Vice President
Name and Title: Address	10175 Stonehenge Circle #1403	Address:	10175 Stonehenge Circle #1403
	Boynton Beach, Florida 33437		Boynton Beach, Florida 33437
Name and	Title:	Name and Title	
Address			
Name and	Title:	Name and Title:	
Address		Address:	
	 		

Name an	nd Title:	Name and Title:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address		Address:	
A DITICLE VI			
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	23-51
Name:	Piedad Giles	y of the registered agent is.	
Address:	10175 Stonehenge Circle #1403		Service of
	Boynton Beach, Florida 33437		
ARTICLE VII	INCORPORATOR		LORIDA STATE LORIDA
The name and a	ddress of the Incorporator is:		
Name:	Larry Giles		
Address:	10175 Stonehenge Circle #1403	<u>.</u>	
	Boynton Beach, Florida 33437	<u></u>	
ARTICLE VIII Effective date, if (If an effective days after the fi	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can ling.)	. (OPTIONAL) not be more than five busines) ss days prior or 90 business
Note: If the date the document's e	inserted in this block does not meet the applicab ffective date on the Department of State's record	ole statutory filing requirements s.	s, this date will not be listed as
this certificate, I	ned as registered agent to accept service of proc am familiar with and accept the appointment as i	registered agent and agree to a	ration at the place designated in act in this capacity
_ fredad	Required Signature/Registered Agent		3/28/16
I submit this doc	Required Signature/Registered Agent ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the fa	Date alse information submitted in a
(Vina			3/28/16
Requi	red Signature/Incorporator		Date
