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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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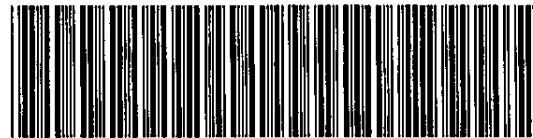
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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EFFECTIVE DATE 12/21/16

12/28/16

COVER LETTER

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

SUBJECT: Laz Lunch Truck

(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: Maikel Martin

Name (Printed or typed)

270 W 26 ST

Address

Hialeah, FL 33010

City, State & Zip

786-553-5455

Daytime Telephone number

maikelm062400@yahoo.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Laz Lunch Truck, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

270 W 26 ST

Hialeah, FL. 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lunch Truck Rental

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maikel Martin, PRES.

Name and Title: Sarai Llampay, VP

Address 7519 NW 175 ST

Address: 7519 NW 175 ST

Hialeah, FL. 33015

Hialeah, FL. 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Maikel Martin
Address: 7519 NW 175 ST
Hialeah, FL. 33015

ARTICLE VII INCORPORATOR

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

Name: Maikel Martin
Address: 7519 NW 175 ST
Hialeah, FL. 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/21/2016 (OPTIONAL)

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

Required Signature/Registered Agent
12/21/2016
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.

Required Signature/Incorporator
12/21/2016
Date

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