Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NBI FINANCIAL ACCOUNTING & TAX

Account Number : I20180000059 : (786)253-1890 Fax Number : (305)397-1861

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 LaPeyre Realty Inc

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381

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

| ARTICLE I NAME The name of the corporation | on shall be:Lapeure | Realty Inc |
|--|---|-----------------------------------|
| ARTICLE II PRINCI | | Mailing address, if different is: |
| _ | • | |
| • | 67th. LADE | SAME |
| Miami, F | -1. <u>33/93</u> | |
| ARTICLE III PURPOS The purpose for which the | E corporation is organized is:FOR_ | All Lawful business |
| | | |
| | | |
| | | |
| | <u>. </u> | |
| Name and Tide:_ | OFFICERS AND/OR DIRECTORS IVONNE LAPEYSE 15044 SW 67 Lane Miami, FL 33193 | Address: |
| Name and Title:_ | | Name and Title: |
| Address | | |
| _ | | |
| Name and Title: | | Name and Title: |
| Address | | Address: |
| | | |
| | | |

| Name and Title: | Name and Tritle: | |
|--|--|--|
| Address | Address: | |
| <u> </u> | | |
| | <u> </u> | |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptal | ble) of the registered agent is: | |
| ^ | | |
| Address: 9010 SW 137 TAX | outhing & Tax Services Inc. | |
| Miami, FL 3318 | | |
| ARTICLE VII INCORPORATOR | | |
| The name and address of the Incorporator is: | | |
| Name: NBT Financial f. | Decounting & Tax Services, Inc. | |
| | | |
| Miami, FL 331 | <u>86</u> | |
| ARTICLE VIII EFFECTIVE DATE: | | |
| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and of filing.) | (OPTIONAL) annot be more than five days prior or 90 days after the | |
| Note: If the date inserted in this block does not meet the applicable statutory filling 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 | | |
| Databatal | 5/28/2021 | |
| 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. | | |
| Hronie Xapeyra | 5/28/2021 | |
| Required Signature/Incorporator | Date | |