

P24000020171

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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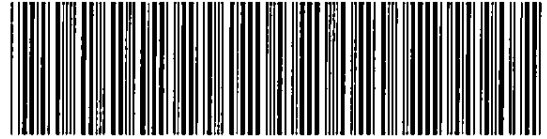
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 21 AM 8:38
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TALLAHASSEE, FL

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TALLAHASSEE, FL

MS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 1462094-1

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : 03/21/2024

ORDER TIME :

ORDER NO. : 1462094-1

CUSTOMER NO:

DOMESTIC FILING

NAME: LPA CORPORATE SERVICES INC.

EFFECTIVE DATE:

- ☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: AMANDA MILLER

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: LPA Corporate Services 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 ☐ \$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

FROM: Thomas McDonald
Name (Printed or typed)

601 Brickell Key Drive, Suite 700
Address

Miami, FL 33131
City, State & Zip

646-663-4948
Daytime Telephone number

tm@jaguargrowth.com
E-mail address: (to be used for future annual report notification)

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

2024 MAR 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

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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: LPA Corporate Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
1330 Grand St., Apt 305
Hoboken, NJ 07030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Esteban Saldarriaga, Director/President
Address: 1330 Grand St., Apt 305
Hoboken, NJ 07030

Name and Title: Annette Fernandez, Treasurer
Address: Plaza Tempo, Edificio B Oficina
B1, Piso 2 San Rafael de Escazú
San José, Costa Rica

Name and Title: Carolina Zuñiga, Secretary
Address: Plaza Tempo, Edificio B Oficina
B1, Piso 2 San Rafael de Escazú
San José, Costa Rica

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CLERK OF SUPERIOR COURT
SAN JOSE, COSTA RICA

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: Thomas McDonald
Address: 601 Brickell Key Drive, Suite 700
Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Thomas McDonald
Address: 601 Brickell Key Drive, Suite 700
Miami, FL 33131

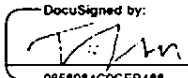
ARTICLE VIII EFFECTIVE DATE:

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 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

DocuSigned by:

0856984C9CEB486... Required Signature/Registered Agent

March 20, 2024

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.

DocuSigned by:

Required Signature/Incorporator

March 20, 2024

Date

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MAR 21 11 03 AM
STATE
OF FLORIDA
TALLAHASSEE, FL