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655-4646
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-23-95 Stan

#201

Comprehensive Business Service

6100 Griffith Rd

Davies, FL 33314

City State ZIP Phone

583-3066

VALIDATION ONLY

700001568237
-08/24/95 -01016-013
****122.50 ****122.50

CORPORATION(S) NAME

THE LAF COMPANY OF DADE, Inc

EXPIRE Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

F. CHESSEY AUG 24 1995

TRANSMITTAL LETTER

August 23 1995

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

SUBJECT: The LAF Company of Dade, Inc.

FILED
BTS AUG 24 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed please find an original and two (2) copies of the Articles of Incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Annette Fassler

12854 Biscayne Blvd.

North Miami, FL 33181

(305) 893-6806

ARTICLES OF INCORPORATION

OF

The LAF Company of Dade, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The LAF Company of Dade, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12854 Biscayne Blvd.
North Miami, FL 33181

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 shares of Common Stock at \$1.00 Par Value

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JUN 26 4 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Annette Fassler
12854 Biscayne Blvd.
North Miami, FL 33181

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Annette Fassler
12854 Biscayne Blvd.
North Miami, FL 33181

The undersigned has executed these Articles of Incorporation this
23rd day of August, 1995.

Annette Fassler
Signature

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

The LAF Company of Dade, Inc.

2. The name and address of the registered agent and office is:

Annette Fassler

12854 Biscayne Blvd.

North Miami, FL 33181

FILED
AUG 24 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE

Annette Fassler

Annette Fassler

TITLE

President

DATE

8/23/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Annette Fassler

DATE

8/23/95