

P96000007282

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

October 27, 1995

Subject: The Lara Company, Inc.

400001643904
-11/22/95--01041--013
****122.50 ****122.50

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. Please return a stamped copy for our records.

From:

Wilfred Lara
Name

7836 SW 34th Terrace
Address

Miami, Florida 33155
City, State, & Zip

(305) 264-6820
Telephone Number

305-274-5708

W 95-23796

W 95-23723

502



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

December 5, 1995

WILFRED LARA
7836 SW 34 TERRACE
MIAMI, FL 33155

SUBJECT: MIAMI ROOFING ASSOCIATES, INC.
Ref. Number: W95000023796

We have received your document for MIAMI ROOFING ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

CORPORATION NAME MUST BE CONSISTENT THROUGHOUT THE ARTICLES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 695A00052913

**ARTICLES OF INCORPORATION
OF**

THE LARA COMPANY OF MIAMI INC.

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

ARTICLE I - NAME

The name of the corporation shall be:

THE LARA COMPANY OF MIAMI INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7836 SW 34TH TERRACE
MIAMI, FLA. 33155

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand (1,000) shares of common stock of \$1.00 par value per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Wilfred Lara
7836 SW 34th Terrace
Miami, Fl. 33155

ARTICLE V - INCORPORATOR

The name and address of the incorporator of the Articles of Incorporation is:

Wilfred Lara
7836 SW 34th Terrace
Miami, Fl. 33155

The undersigned has executed these Articles of Incorporation this

19 day of November, 1995.

Wilfred Lara

RECEIVED
55 NOV 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 LARA COMPANY OF MIAMI INC.

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

Wilfred Lara
7836 SW 34th Terrace
Miami, Fl. 33155

FILED
NOV 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Title

Date

Wilfred Lara
PRESIDENT
11/19/95

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

Date

Wilfred Lara
11/19/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000007282**

1. Corporation Name

THE LARA COMPANY OF MIAMI INC.

Principal Place of Business

**7836 SW 34TH TERRACE
MIAMI, FL 33155**

Mailing Address

**7836 SW 34TH TERRACE
MIAMI, FL 33155**

96 OCT 21 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

State, Apt. #, etc. **8475 SW 58ST**
City & State **MIA. FLA.**
Zip **33143** Country **USA**

3. New Mailing Office Address, If Applicable

State, Apt. #, etc. **8475 SW 58ST**
City & State **MIA. FLA.**
Zip **33143** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1995

5. FEI Number

65-043-3496

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DE' RED ☐

SB 75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	WILFRED R. LARA		8475 SW 58ST.

000001988860--1
-10/29/96--01099--010
****375.00 ****375.00

8. Name and Address of Current Registered Agent

**LARA, WILFRED
7836 SW 34TH TERRACE
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, **Wilfred R. Lara**, appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/20/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilfred R. Lara
Date **9/20/96** Daytime Phone # **305 274 5708**

CR2040 (7/96)