

N13000007322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

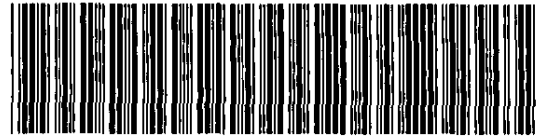
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/16/13--01003--001 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 AUG 16 AM 8:06
SUFFICIENCY OF FILING
TO ACHIEVE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
13 AUG 16 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPB
8/16/13

COVER LETTER

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

SUBJECT: Lake Okeechobee Crossroads Market Place, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Diane M. Jones
Name (Printed or typed)

PO Box 941
Address

South Bay, FL 33493
City, State & Zip

561-319-0308
Daytime Telephone number

pahdmjones@aol.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lake Okeechobee Crossroads Market Place, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
235 Palm Beach Road
South Bay, FL 33494

Mailing address, if different is:
PO Box 941
South Bay, FL 33494

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose this corporation was formed is to operate for the fostering or spurring of economic growth and training of local individuals interested in becoming entrepreneurs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors were elected by the members during a general meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lloyd Brown, Director
Address: PO Box 941
South Bay, FL 33493

Name and Title: Danny D. Jones, Director
Address: PO Box 941
South Bay, FL 33493

Name and Title: Kenneth Jackson Sr., Director
Address: PO Box 941
South Bay, FL 33493

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
FALL WINTER FEE: FLORIDA

13 AUG 16 AM 8:25

APPROVED
FILED

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

13 AUG 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Diane M. Jones

Address: 235 Palm Beach Road

South Bay, FL 33493

ARTICLE VII INCORPORATOR

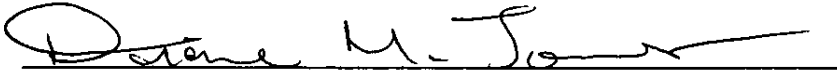
The name and address of the Incorporator is:

Name: Diane M. Jones

Address: 235 Palm Beach Road

South Bay, FL 33493

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

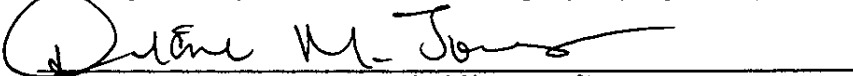


Required Signature of Registered Agent

8/16/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

8/16/2013

Date