

P11000104799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

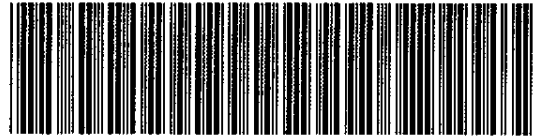
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC - 8 PM 2:16

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: L M Restaurant & Catering, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lisa Matson
Name (Printed or typed)

2959 Arcata Lane
Address

Orlando, Fl. 32817
City, State & Zip

321-231-3040
Daytime Telephone number

sweetmamasrestaurant@gmail.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 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME LM Restaurant & Catering, Inc.
The name of the corporation shall be:

11 DEC -8 PM 2:18

ARTICLE II PRINCIPAL OFFICE
Principal street address
2959 Arcata Lane
Orlando, FL 32817

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Operate Business

ARTICLE IV SHARES
The number of shares of stock is:100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Moore--- President
Address: 382 Morelyn Crest Circle
Orlando, FL 32828

Name and Title: Lisa Matson--- Vice President
Address: 2959 Arcata Lane
Orlando, FL 32817

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Linda Moore
Address: 3382 Morelyn Crest Circle
Orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Matson
Address: 2959 Arcata Lane
Orlando, FL 32817

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

Linda Moore 11/29/2011
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.

Lisa Matson 11/29/2011
Required Signature/Incorporator Date