

P17000025753

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PICK-UP WAIT MAIL

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RETURNED CHECK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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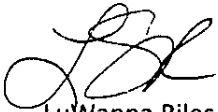
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Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

To Whom It May Concern:

I am writing this letter to inform you that I have no intentions of re-instating the administrative dissolve corporation, LSR Management & Consulting, Inc., document number P15000016397.

Sincerely,



LuWanna Riles

(Formerly "Clarke")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

**FILING CANCELLED
RETURNED CHECK**

SUBJECT: LSR Management & Consulting, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LuWanna S. Riles
Name (Printed or typed)

18087 NW 41st Ct
Address

Miami Gardens, FL 33055
City, State & Zip

(305) 502-2456
Daytime Telephone number

LSRmanagementinc@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)

ARTICLE I NAME

The name of the corporation shall be: LSR Management & Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18087 NW 41st Ct
Miami Gardens, FL 33055

P.O. Box 693936
Miami, FL 33269

ARTICLE III PURPOSE

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

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LuWanna Biles, Pres/owner Name and Title: _____

Address: 18087 NW 41st Ct Address: _____
Miami Gardens, FL 33055

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILING CANCELLED
RETURNED CHECK

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: Luwanna Piles
Address: 18087 NW 41st Ct
Miami Gardens, FL 33055

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Luwanna Piles
Address: 18087 NW 41st Ct
Miami Gardens, FL 33055

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/07/17 (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

Luwanna Piles
Required Signature/Registered Agent

3/3/17
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.

Luwanna Piles
Required Signature/Incorporator

3/3/17
Date