

P21000055340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

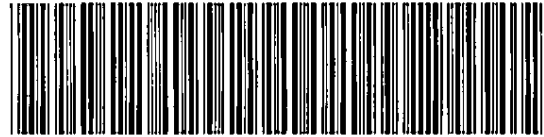
(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Lewis Woodby Inc. ~~dba A Common Ground~~
(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: Khadijah Ali
Name (Printed or typed)

P.O. Box 15758
Address

Tallahassee, FL 32308
City, State & Zip

(850) 274-7361
Daytime Telephone number

Kali@thecommongrounds.net
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: Lewis Woodby Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2765 W. Tharpe Street
Apartment 101
Tallahassee, FL 32303

Mailing address, if different is:

P.O. Box 15758
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Food Service, Entertainment and accommodations

ARTICLE IV SHARES

The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khadijah Ali - P

Address: ~~2765~~
P.O. Box 15758
Tallahassee, FL 32308

Name and Title: Lewis Woodby - UP

Address: P.O. Box 15758
Tallahassee, FL 32308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 JUN 11 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: ~~DAK SAA~~ ^{Khadijah} Ali ~~Unit 15158~~
Address: ~~2335 Centerville Unit 15158~~ ^{2765 W Tharpe}
~~Tallahassee, FL 32317~~ ^{Apt 101}
^{Tallahassee, FL 32303}

ARTICLE VII INCORPORATOR

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

Name: Khadijah Ali
Address: 2765 W Tharpe St Apt. 101
Tallahassee, FL 32303

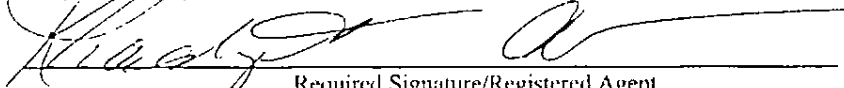
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

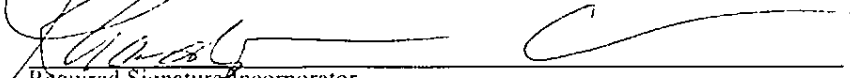
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent 6/11/21
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.



Required Signature/Incorporator 6/11/21
Date