Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)617-6383 L. SELLERS

SEP 17 2009

**EXAMINER** 

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

LUNSFORD INNOVATIVE CONSULTING, LLC.

Certificate of Status	0
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### LUNSFORD INNOVATIVE CONSULTING, LLC.

#### (NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

#### ARTICLE I

THE NAME OF THE ORGANIZATION IS:

LUNSFORD INNOVATIVE CONSULTING, LLC.

#### ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY. INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY:O.TURNER & COMPANY, LLC. 5787 WEST SUNRISE BLVD. PLANTATION, FL 33313 (954) 583-2205

#### ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

3733 PAULA COURT

LAKELAND, FL 33812

POLK COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

#### ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER ADDRESS: 5787 W SUNRISE BLVD, PLANTATION, FL. 33313.

#### ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

9 SEP 17 AM 8: 1.9
SECRETARY OF STATE
ALLAHASSEE FLORID

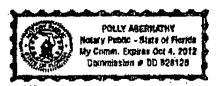
#### ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATION:
KATRINA LUNSFORD
3733 PAULA COURT
LAKELAND, FL 33812
·
THOMAS LUNSFORD
3733 PAULA COURT
LAKELAND, FL 33812
MANAGER'S SIGNATURES  KATRINA LUNSFORD
THOMAS LUNSFORD
STATE OF FLORIDA ) COUNTY OF POLK ) SS
BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE ATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED KATRING EUROPORD AND THOMAS LUNSFORD APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITHESS MY HAND AND SEAL THIS 1 DAY OF September

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)



No contractor