

L15000141596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

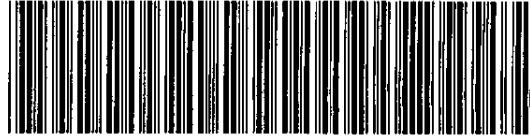
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



100276074221

08/17/15--01025--002 **70.00

FILED
15 AUG 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 24 2015

COVER LETTER

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

SUBJECT: LFA Missions, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Fred Beyer
Name (Printed or typed)

411 Mayfair Drive
Address

Venice, Florida, 34293
City, State & Zip

941-497-4057
Daytime Telephone number

FBeyer@Prodigy.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: LFA Missions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2379 Daisy Drive

North Port, Florida 34289

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit

FILED
15 AUG 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Russ Smith / President

Address 2379 Daisy Drive
North Port, Florida
34289

Name and Title: Carolyn Finney / V. Pand Secretary

Address: 2379 Daisy Drive
North Port, Florida
34289

Name and Title: Roberta Smith / Treasurer

Address 2379 Daisy Drive
North Port, Florida
34289

Name and Title: Michelle Gore / V. P.

Address: 2379 Daisy Drive
North Port, Florida
34289

Name and Title: Dave Paulson / V. P.

Address 2379 Daisy Drive
North Port, Florida
34289

Name and Title: Wade Gore / Chief Technology off.

Address: 2379 Daisy Drive
North Port, Florida
34289

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: Fred Beyer
Address: 411 Mayfair Drive
Venice, Florida 34293

FILED
15 AUG 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Fred Beyer
Address: 411 Mayfair Drive
Venice, Florida 34293

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 business days prior or 90 business 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

Fred Beyer 8-2-15
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.

Fred Beyer 8-2-15
Required Signature/Incorporator Date