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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN - 8 PM 4:41

PS 6/9/11

## COVER LETTER

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

SUBJECT: LMC Impressions, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Lillie M. Clark

Name (Printed or typed)

3203 Highway 2

Address

Campbellton, FL 32426

City, State & Zip

(850)693-4995

Daytime Telephone number

dorishardin@gmx.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 617, F.S., (Not for Profit)

### **ARTICLE I NAME**

The name of the corporation shall be: **LMC Impressions, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3324 St. Phillips Road

Campbellton, Florida 32426

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To attract and distribute funds from the private sector(foundations, federal, state, and local government) for uses of a wide array of services.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By appointment

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Doris M. Hardin, Secretary

Address: 2924 Green Street Apartment B  
Marianna, Florida 32446

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Lillie M. Clark

Address: 3203 Highway 2  
Campbellton, Florida 32426

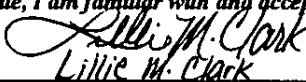
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lillie M. Clark

Address: 3203 Highway 2  
Campbellton, Florida 32426

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

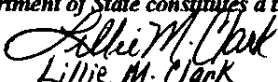
  
Lillie M. Clark

Required Signature of Registered Agent

June 2, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

  
Lillie M. Clark

Required Signature of Incorporator

June 2, 2011

Date

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