N13000002475

(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:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2013

LAWRENCE BORNACELLI
23174 SWEETAIRE CT
APOPKA, FL 32712

SUBJECT: LLAAB INCORPORATED
Ref. Number: W13000008639

We have received your document for LLAAB INCORPORATED and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 913A00003405

COVER LETTER

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

SUBJECT: LLAAB Incorporated
(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: Lawrence Bornacelli
Name (Printed or typed)

2314 Sweetaire Court
Address

Apopka, FL 32712
City, State & Zip

321-663-8774
Daytime Telephone number

lbornacelli@cfl.rr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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: LLAAB Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

2314 Sweetaire Court

Apopka, FL 32712

Mailing address, if different is:

2314 Sweetaire Court

Apopka, FL 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This business will be established as a means to obtain a broacast license providing an outlet for community information, events and entertainment.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors were elected and appointed by an initial vote by board memebers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Bornacelli - CEO / President

Address: 2314 Sweetaire Court, Apopka, FL 32712

Name and Title: Araceli Bornacelli - Treasure

Address: 2314 Sweetaire Court, Apopka, FL 32712

Name and Title: Raymond Bornacelli - Co- Chairman

Address: 238 Morning Creek Circle, Apopka, FL 32712

Name and Title: Mae Ann Bornacelli - Chairman

Address: 238 Morning Creek Circle, Apopka, FL 32712

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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: Lawrence Bornacelli

Address: 2314 Sweetaire Court

Apopka, FL 32712

ARTICLE VII INCORPORATOR

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

Name: Araceli Bornacelli

Address: 2314 Sweetaire Court

Apopka, FL 32712

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

Lawrence Bornacelli
Required Signature of Registered Agent

3-5-13
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.

Araceli Bornacelli
Required Signature of Incorporator

3-5-2013
Date

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