15000008902

(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:	
W15-59214	

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2015 SEP 15 AM 11: 49
SECRETARY OF STATE
AND WHASSEE, FLORID.

SEP 1 7 2015

COVER LETTER

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

SUBJECT:	Kr. Tirk hake	ORATE NAME - MUST IN		
	(FROFOSED CORF	ORATE NAME - MUST IN	CLUDE SUFFIX	
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	ADDITIONAL COPY REQUIRED	
ED ON 6	Americal Y T	Sm. m. La		

Name (Printed or typed)

NOTE: Please provide the original and one copy of the articles.

The second of th



September 8, 2015

GERALD J. BOWMAN 10846 97TH STREET NORTH LARGO, FL 33773

SUBJECT: LAKE PARK LAKE ASSOCIATION

Ref. Number: W15000059214

We have received your document for LAKE PARK LAKE ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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.

Letter Number: 215A00018911

Teresa Brown Regulatory Specialist II

www.sunbiz.org

. ~	15_ 1:10PMN	A TO WELLE TO SE	OF INCORP			No. 8342	
A NT Se	,	In compliance with					
ARTICLE I The name of the	NAME corporation shall be: _	hake Par	rk hake	Associati	W. IM	IC.	,
ARTICLE II					•	450	(%)
	Principal <u>street</u> addr	ess: H. St. W.		Mailing add	ress, if differen	nt is:	/5. 12.
	Largo, Fl	<u>- 33793- 44</u>	143				C. C
ARTICLE III	<u>PURPOSB</u>						
	which the corporation						
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__ Name and Title:

_ Address:

Name and Title:_

Address

	- 1:10PM — Mercantile - Bryan Dairy	No. 8342 P. 3
Name and Title:	Name and Title:	
Address _	Address;	· · · · · · · · · · · · · · · · · · ·
_		
	N	
	Name and Title:	
Address _	Address:	
_		
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name;	Doct Cirallo	
Address:	10810 97 57. N.	•
	Large, FC 370B	
	INCORPORATOR ddress of the Incorporator is:	
Name:	Berald Bownan	
Address:	10846 99 4 99 N.	
	Large Fr 33773	
	EFFECTIVE DATE: Other than the date of filing:	
(If an effective of after the filing.)	inte is listed, the date must be specific and cannot be more than five business day	s prior or 90 business days
	e inserted in this block does not meet the applicable statutory filing requirements, this raive date on the Department of State's records.	date will not be listed as the
	med as registered agent to accept service of process for the above stated corporation familiar with and accept the appointment as registered agent and agree to act in this continuous transfer in the continuous	
fac	Required Signature of Registered Agent	<u>8-30-2015</u> Date
	unent and affirm that the facts stated herein are true. I am aware that any false info nt of State constitutes a third degree felony as provided for in s.817.155, F.S.	rnation submitted in a document
	h: 1 a A	8-30-15
—— (Required Signature of Incorporator	8-30-15 Date