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JAN 24 2020

T. SCOTT



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20 JAN 24 PM 10:59

2020 JAN 24 AM 11:17

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## COVER LETTER

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

SUBJECT: LYS Florida - Lake Nona 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: Kimberly A Kahrs  
Name (Printed or typed)

11704 Savona Way  
Address

Orlando, FL 32827  
City, State & Zip

(262) 689-7757  
Daytime Telephone number

lakenonakim@gmail.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: LVS Florida - Lake Nona Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

11704 Savona Way  
Orlando, FL.  
32827

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Youth sports, mentoring  
tutoring, community out reach

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by  
vote

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

Name and Title:

Kimberly A Kahrs - Pres.

Address

11704 Savona Way  
Orlando, FL  
32827

Name and Title:

Christopher M Kahrs - VP

Address

11704 Savona Way  
Orlando, FL  
32827

Name and Title:

Name and Title:

Address

Address:

2020 JAN 24 AM 11:17

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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:

Kimberly A Kahrs

Address:

11704 Savona Way  
Orlando, FL 32827

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Kimberly A Kahrs

Address:

11704 Savona Way  
Orlando, FL 32827

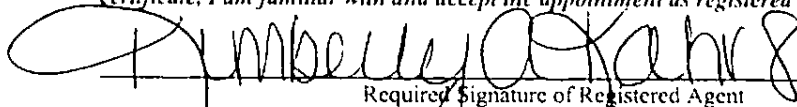
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

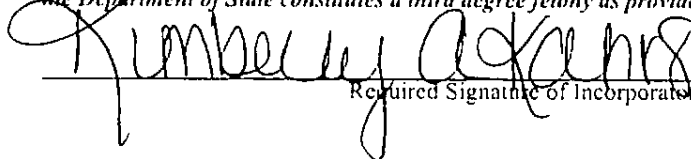


Required Signature of Registered Agent

1-22-20

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.*



Required Signature of Incorporator

1-22-20

Date