

N 2200000 01863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

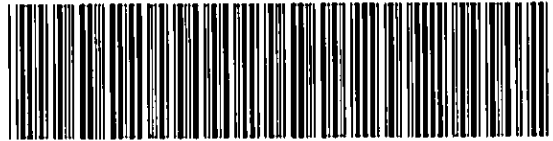
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02/23/22--01016--011 ***00

2022 FEB 23 PM 2:24



ILLINOIS STATE

2022 FEB 23 PM 12:56

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FOR LOCAL SMALL BUSINESS

ALLIANCE OF FLORIDA INC.

Signature _____

Requested by: BA

02/22/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

E.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

BA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____



Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

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

SUBJECT: Local Small Business Alliance of Florida 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: David A. Svec
Name (Printed or typed)

3941 Tamiami TRL Unit 3157 #76
Address

Punta Gorda, FL 33950
City, State & Zip

323-363-6455
Daytime Telephone number

Dave@mainstreetholdings.net
E-mail address: (to be used for future annual report notification)

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

**LAW OFFICES OF
KELLY B. MATHIS**

3577 Cardinal Point Drive
Jacksonville, FL 32257
Telephone: (904) 549-5755
www.mathislaw.net

Kelly B. Mathis, Esq
Licensed in Florida and Georgia
kmathis@mathislaw.net

February 22, 2022

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

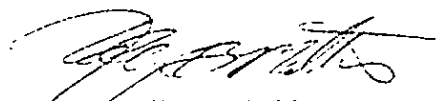
Re: Local Small Business Alliance of Florida, Inc.

Dear Division of Corporation:

As the Incorporator/attorney for Local Small Business Alliance of Florida Inc. please note that the original LLC with the identical name has been dissolved and that the same name is to be used for this new filing for a 501(c)6 nonprofit trade group. My clients that had me organize their LLC waive the right to file revocation of dissolution and don't object to a new Inc being formed with the same name.

If you have any questions, please do not hesitate to contact myself or David Svec at 323-363-6455.

Sincerely,



Kelly B. Mathis

KBM/cma

cc: David Svec
Main Street Holdings

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2022 FEB 23 PM 12:56
SVC
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Local Small Business Alliance of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3577 Cardinal Point Drive

Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to create a trade association of business owners of electronic game rooms in order to advance the interests of the Member's businesses and electronic game rooms in general and to benefit through charitable works to the local communities which they serve

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed is by voting Members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aineel Valiyani- President

Name and Title: Ana Sierra- Treasurer.

Address 12771 Meadow Pine LN,
Fort Myers, FL 33913

Address: 9261 E Bay Harbor DR 702
Bay Harbor Islands, FL 33154

Name and Title: Sheena Costa, Secretary

Name and Title: _____

Address 806 Costner St.
Lowell NC 28098

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

99

SECRET
ILLIANA@SEE.CIL

2022 FEB 23 PM 12:56

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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: K.B. MATHIS, P.A.

Address: 3577 CARDINAL POINT DRIVE

JACKSONVILLE, FL 32257

ARTICLE VII INCORPORATOR

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

Name: Kelly B. Mathis, Esquire

Address: 3577 CARDINAL POINT DRIVE

JACKSONVILLE, FL 32257

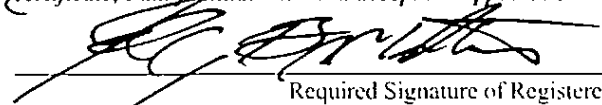
ARTICLE VIII EFFECTIVE DATE:

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

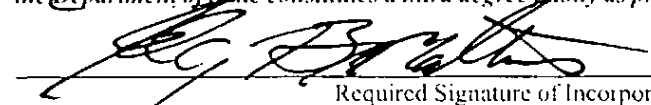


Required Signature of Registered Agent

2/18/22

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

2/18/22

Date