

P000000061292

TRANSMITTAL LETTER

FILED

00 JUN 23 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT:

LADLER & PUGH OF Jacksonville INC.  
~~L & P INC.~~

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003276686--1  
-06/05/00--01095--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

(Secretary) William Pugh

Name (Printed or typed)

355 Monument Rd Apt 22F

Address

Jacksonville, FL 32225

City, State & Zip

(904) 723-0072

Daytime Telephone number

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

60-14853  
PA 6/13/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 13, 2000

WILLIAM POUGH  
355 MONUMENT RD, APT 22F  
JACKSONVILLE, FL 32225

SUBJECT: L & P, INC.  
Ref. Number: W00000014893

We have received your document for L & P, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

Please return the 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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 100A00033580

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

LAIDLER & POUGH OF JACKSONVILLE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

355 Monument Road Apt. 22F

Jacksonville, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the Business Corporation Law. The corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body.

**ARTICLE IV SHARES**

The number of shares of stock is:

50-50

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

(P)	Ronschelle Laidler	3540 Wentworth Circle West Jacksonville, FL 32277
(VP)	Sinceraa Pough	355 Monument Road Apt. 22F Jacksonville, FL 32225
(S)	William Pough	355 Monument Road Apt. 22F Jacksonville, FL 32225
(T)	Robert Laidler	3540 Wentworth Circle West Jacksonville, FL 32277

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

William G. Pough

355 Monument Road Apt. 22F

Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR:**

The name and address of the Incorporator is:

Ronschelle Laidler

3540 Wentworth Circle West

Jacksonville, FL 32277

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent agree to act in this capacity

[Signature]  
Signature/Registered Agent

6-20-00  
Date

[Signature]  
Signature/Incorporator

6-19-00  
Date

Sworn to and subscribed before me this

20 day of June

in the year 2000

[Signature]  
Signature of Notary Public - State of Florida

☐ Personally known to me, or

☒ Produced Identification: Florida DL  
Type of Identification



Leo N. Williams  
MY COMMISSION # CC706521 EXPIRES  
January 5, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.