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

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SUBJECT:

L. S. P. INVESTIGATIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

	Enclosed is an	original	and one(1)	copy	of the	articles	of inco	rporation	and a	check	for:
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☐ \$70.00 ☐ \$78.75 ☐ Filing Fee & Certificate of Status

□ \$78.75

Filing Fee

& Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: LESTER S, Puc, SR,
Name (Printed or typed)

1409 S. LORENZO AVE #8

TAMPA, FLORIDA 33629

813-251-2524 Daytime Telephone number OI JUL 17 MILL: 30
SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	-
ARTICLE I NAME The name of the corporation shall be: L. S. P. INVESTIGATIONS. É ASSOCIATES, IN	C. FILE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX /4/6/ TAMPA PL. 33690-4/6/ ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ILED MIN 30
NEW BUSINESS VENTURE.	÷
ARTICLE IV SHARES The number of shares of stock is:	<i>y</i> •
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Lester S PUC JR. V. Lester S PUC SR. P. 1409 5, LORENZO AVE. #8 TAMPA FLORIDA 33629	-
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is: LESTER S. PUC, SR. 48 1409 S. LORENZO AVE. 48 TAMPA FLORIDA 33629	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: LESTER S. PUC, SR. 1409 S. LORENZO AVE. #8 TAMPA, FLORIDA 33629	
*************************	********
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	

Signature/Registered Agent

Signature/Incorporator
LESTER S. Puc, SR.