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TRANSMITTAL LETTER

FILED

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

02 AUG 22 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: LEMACHI DESIGNS INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: KAREN ADELEKE
Name (Printed or typed)

000007280300--0
-08/22/02--01032--004
*****87.50 *****87.50

800 NORTH MIAMI AVENUE # E607
Address

MIAMI, FL 33136
City, State & Zip

914-260-6284
Daytime Telephone number

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

G. BLALOCK AUG 22 2002

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**LEMACHI DESIGNS INCORPORATED
ARTICLES OF INCORPORATION**

02 AUG 22 PM 2: 25

IN COMPLIANCE WITH CHAPTER 607 AND OR CHAPTER 621, F.S (PROFIT)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE:

THE NAME OF THE CORPORATION SHALL BE:

LEMACHI DESIGNS INCORPORATED

ARTICLE TWO:

THE PRINCIPAL PLACE OF BUSINESS SHALL BE:

800 NORTH MIAMI AVENUE # E 607
MIAMI, FL. 33136

ARTICLE THREE:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED SHALL BE TO CONDUCT
ANY BUSINESS DEEMED LEGAL BY THE STATE OF FLORIDA, ANY OTHER STATE, LOCALITY,
POLITICAL SUBDIVISION, TERRITORY OR NATION.

ARTICLE FOUR:

THE NUMBER OF SHARES OF STOCK THAT IS AUTHORIZED IS 1000 SHARES.

ARTICLE FIVE:

THE NAME, ADDRESS AND TITLE OF THE INITIAL OFFICER AND DIRECTOR IS:

KAREN L. ADELEKE
800 NORTH MIAMI AVENUE # E 607
MIAMI, FL. 33136

CHIEF EXECUTIVE OFFICER
CHAIRMAN OF THE BOARD

ARTICLE SIX:

THE REGISTERED AGENT FOR THE CORPORATION SHALL BE:

KAREN L. ADELEKE
800 NORTH MIAMI AVENUE # E 607
MIAMI, FL 33136

ARTICLE SEVEN:

THE INCORPORATOR IS:

KAREN L. ADELEKE
800 NORTH MIAMI AVENUE # E 607
MIAMI, FL 33136

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



KAREN L. ADELEKE
REGISTERED AGENT



KAREN L. ADELEKE
INCORPORATOR