

P03000039775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

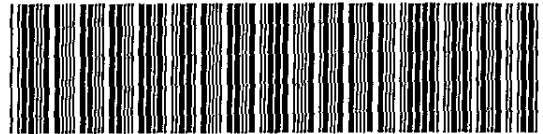
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600015023966

04/02/03--01056--006 **78.75

FILED
03 APR -2 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

g 4/9

TRANSMITTAL LETTER

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

SUBJECT: LUTTRELL ENTERPRISES INC
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PAMELA TROYER
Name (Printed or typed)

1569 SHADOW RIDGE CIR
Address

SARASOTA FL 34240
City, State & Zip

941-378-4171
Daytime Telephone number

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

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:

LUTTRELL ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5306 BROOKMEADE DR
SARASOTA FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LEONA LUTTRELL
5306 BROOKMEADE DR
SARASOTA FL 34232

ARTICLE VI REGISTERED AGENT

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

PAMELA TROYER
1569 SHADOW RIDGE CIR
SARASOTA FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONA LUTTRELL
5306 BROOKMEADE DR
SARASOTA FL 34240

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

Pamela Troyer
Signature/Registered Agent

3-31-03

Date

Leona Luttrell
Signature/Incorporator

3-31-03

Date

FILED
03 APR -2 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA