# P03000114848

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# TRANSMITTAL LETTER

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

SUBJECT: Lock	wood & Associates, Inc.		
50B6E01	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: W	/illiam B. Lockwood		
	Name	(Printed or typed)	
	3620 Little Road		
		Address	
	Lutz, FL 33548		
	City	, State & Zip	
	9813) 269-2216		
	Daytime 1	Celephone number	·····

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 3, 2003

WILLIAM B LOCKWOOD 3620 LITTLE ROAD LUTZ, FL 33548

SUBJECT: LOCKWOOD & ASSOCIATES, INC.

Ref. Number: W03000028550

We have received your document for LOCKWOOD & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 403A00054433

10/13/03 Condicionens ATTACHED.

03 OCT 16 AM 10: 5

# \* 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:

Leckwood & Associates, Inc.

LOCKWOOD & ASSOCIATES CONSULTING GROUP, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3620 Little Road

Lutz, FL 33548

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting and marketing services.

# ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William B. Lockwood President, CEO

# ARTICLE VI REGISTERED AGENT

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

William B. Lockwood 3620 Little Road Lutz, Fl 33548

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William B. Lockwood 3620 Little Road Lutz, FL 33548

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

Signature/Registered Agent

Signature incorporator

9/27/2003

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