

PO4000013610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

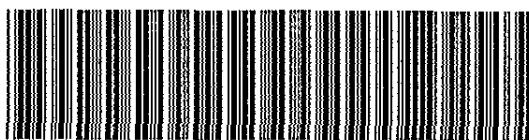
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100024933191

11/25/03--01012--018 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN '9 PM 12:31

FILED

1/22/04

TRANSMITTAL LETTER

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

SUBJECT: LDM ENTERPRISES OF OCALA, 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
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: LDM ENTERPRISES OF OCALA, INC.
Name (Printed or typed)

4761 SW21 PL

Address

OCALA FL 34474

City, State & Zip

352-873-8894

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 31, 2003

LDM ENTERPRISES, INC.
4761 SW 21 PL
OCALA, FL 34474

SUBJECT: LDM ENTERPRISES, INC.
Ref. Number: W03000036549

We have received your document for LDM ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

When we received your document it was damaged. Please complete Article VII, you must list an Incorporator with an address.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

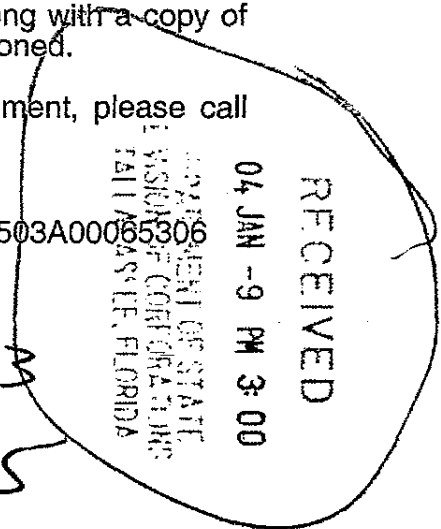
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 503A00065306

352-873
8895



ARTICLES OF INCORPORATION

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

FILED

04 JAN 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LDM ENTERPRISES OF OCALA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4761 SW 21 PL
OCALA FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DONALD M McTAGGART, OWNER/DIRECTOR
4761 SW 21 PL, OCALA FL 34474

LISA L McTAGGART, OWNER/DIRECTOR
4761 SW 21 PL, OCALA FL 34474

ARTICLE VI REGISTERED AGENT

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

LISA L McTAGGART, OWNER/DIRECTOR
4761 SW 21 PL, OCALA FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Don McTaggart
4761 SW 21 Place Ocala FL 34474

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

Lisa McTaggart
Signature/Registered Agent

11/23/03
Date

Don McTaggart
Signature/Incorporator

11/23/03
Date