

P04000021633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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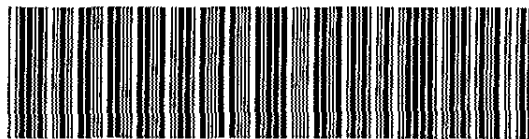
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

✓

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-3

## TRANSMITTAL LETTER

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

SUBJECT: L & F ENTERPRISE, 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: LYNN P. SKABO  
Name (Printed or typed)

4312 MOURNING DOVE DRIVE  
Address

NAPLES, FLORIDA 34119  
City, State & Zip

(239) 514-1468  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 23, 2004

LYNN P. SKABO  
4312 MOURNING DOVE DR  
NAPLES, FL 34119

SUBJECT: L & F ENTERPRISE, INC.  
Ref. Number: W04000002930

We have received your document for L & F ENTERPRISE, 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):

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) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 704A00004175

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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 & F ENTERPRISE, INC.~~

THE SKABO CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4312 MOURNING DOVE DRIVE  
NAPLES, FLORIDA 34119

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS AS: MASSAGE THERAPY - MORTGAGE FINANCE - AVIATION CONSULTING

### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LYNN P. SKABO - PRESIDENT & TREASURE (OFFICER AND DIRECTOR)

FERN L. SKABO - VICE PRESIDENT & SECRETARY (OFFICER AND DIRECTOR)

LYNN P. & FERN L. SKABO  
4312 MOURNING DOVE DRIVE  
NAPLES, FLORIDA 34119

### ARTICLE VI REGISTERED AGENT

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

LYNN P. SKABO  
4312 MOURNING DOVE DRIVE  
NAPLES, FLORIDA 34119

### ARTICLE VII INCORPORATOR

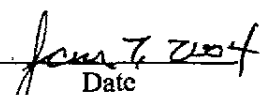
The name and address of the Incorporator is:

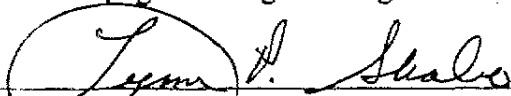
LYNN P. SKABO  
4312 MOURNING DOVE DRIVE  
NAPLES, FLORIDA 34119

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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

  
Date

  
Signature/Incorporator

  
Date