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# TRANSMITTAL LETTER

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

SUBJECT:	LAGNAIPPE, INC	,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00	<b>4</b> \$78.75	\$78.75	□ \$87.50	
Filing Fee	· ·	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM: PATEICIA A. LADNIER  Name (Printed or typed)				
Name (Printed or typed)				
TOULDIS KINGERS SADTIAL				
7061 Old KINGS Rd. S. APT176 Address				
JACKSONVIlle, FLorida 32217 City, State & Zip				
City, State & Zip				
(2011 512 205 / (2011 200 A)				
(904) 542-0085 (904) 739-0126 Daytime Telephone number				

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

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## ARTICLES OF INCORPORATION

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

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#### ARTICLE I NAME

The name of the corporation shall be:

LAGNAIPPE, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

706/ Old Kings Rd. S. APT 176 Jacksonville, Florida 32217

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOOD SERVICE

#### ARTICLE IV SHARES

The number of shares of stock is:

2 million

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICIA A. LADNIER TOUTOID KINGS Rd. S. APT 176 JACKSON VILLE, FLORIDA 32217 PRESIDENT AND CED

### REGISTERED AGENT ARTICLE VI

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

PATRICIA A. LADNIER 7061 olds Kings Rd. S. APT 176 JACKSONVIlle, FLORIDA 32217

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA A. LADNIER
TOGI OID KINGS Rd. S. APTITE
JACKSONVIIIE, FLORIDA 32217

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