

P04000074043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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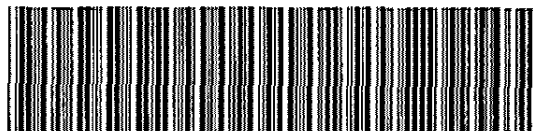
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS05/m/oy

## TRANSMITTAL LETTER

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

SUBJECT: LAKE WORTH DISCOUNT INSURANCE, 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: WISLAINE MEUS  
Name (Printed or typed)

1905 NE 2 AVE #301-C  
Address

MIAMI, FL 33161  
City, State & Zip

305 799-1021

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: LAKE WORTH DISCOUNT INSURANCE, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 400 S. Dixie Hwy #15.  
LAKEWORTH, FL 33460.

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal form of Business.  
PERMITTED IN THE STATE OF FLORIDA.

### ARTICLE IV SHARES

The number of shares of stock is: 3000 @ .010 CENTS.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEON T. MONDESIR / 1905 NE 2AVE #C301 MIAMI FL 33161 SHARES 1000 @ .010

WISLAINE - MEUS / 1905 NE 2AVE #301 MIAMI FL 33161 SHARES 1000 @ .010

MARIE M. ROSEMOND / 1905 NE 2AVE #C301 MIAMI FL 33161 SHARES 1000 @ .010

### ARTICLE VI REGISTERED AGENT

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

WISLAINE MEUS / 1905 NE 2AVE #C301  
MIAMI, FL 33161

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WISLAINE MEUS / 1905 NE 2AVE #C301  
MIAMI FL 33161.

\*\*\*\*\*

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

(1)

Signature/Registered Agent

4/29/04  
Date

(x)

Signature/Incorporator

4/29/04  
Date

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04 MAY -3 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA