

PO5000013408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

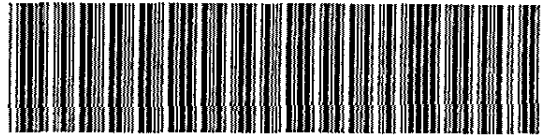
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SEC. TREASURY OF STATE  
TALLAHASSEE, FLORIDA

2-1  
15

**TRANSMITTAL LETTER**

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

**SUBJECT:** A Lefcort Studio, 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:** Allison Lefcort  
Name (Printed or typed)

9156 Rutledge Avenue  
Address

Boca Raton, FL 33434  
City, State & Zip

561 - 542 - 4088  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

A Lefcort Studio, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9156 Rutledge Avenue  
Boca Raton, FI 33434

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce and sell artwork

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Allison Lefcort, President and Director  
Roni Lefcort, Vice President and Director

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Allison Lefcort  
9156 Rutledge Avenue  
Boca Raton, FI 33434

### ARTICLE VII INCORPORATOR

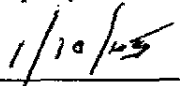
The name and address of the Incorporator is:

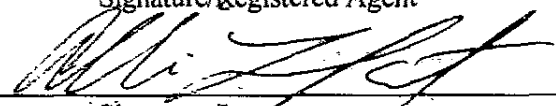
Allison Lefcort  
9156 Rutledge Avenue  
Boca Raton, FI 33434

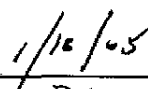
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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