POS000071391

(Requestor's Name)	_			
(Address)				
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	<u>.</u> .			
Special Instructions to Filing Officer:				
	ĺ			

Office Use Only



900048506829



04/04/05--01005--005 **78.75

OS MAY IC AM O. 1.7

B. McKnight MAY 1 7 2005

TRANSMITTAL LETTER

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

	abeth Lentz Architect, Inc. (PROPOSED CORPORA	ITE NAME – <u>MUST INCL</u>	UDE SUFF(X)
osed are an orig	final and one (1) copy of the art	icles 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 CO	
FROM: M.	Elizabeth Lentz	e (Printed or typed)	
		•••	
	870 Garrison Drive		
	1.	Address	· — · — —
	Saint Augustine, FL 32092		
		, State & Zip	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 6, 2005

M. ELIZABETH LENTZ 870 GARRISON DRIVE SAINT AUGUSTINE, FL 32092

SUBJECT: M. ELIZABETH LENTZ ARCHITECT, INC.

Ref. Number: W05000017479

We have received your document for M. ELIZABETH LENTZ ARCHITECT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6067.

Letter Number: 705A00023463

Neysa Culligan Document Specialist New Filings Section

05 MAY 15 AM 8-1.7

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:

M. Elizabeth Lentz Architect, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 870 Garrison Drive
Saint Augustine, Florida 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Architectural Services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

M. Elizabeth Lentz 870 Garrison Drive Saint Augustine, Florida 32092 Title: Owner

ARTICLE VI REGISTERED AGENT

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

M. Elizabeth Lentz 870 Garrison Drive Saint Augustine, Florida 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. Elizabeth Lentz 870 Garrison Drive Saint Augustine, Florida 32092

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

M. Elizabeth centz	05-12-05	
Signature/Registered Agent	Date	
M. Elizabeth Centz	05-12-05	
Signature/Incorporator	Date	