P05000156580

| (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: |
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Office Use Only



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COVER LETTER

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

| SUBJECT: L. O. Carpentre (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> | UDE SUFF(X) |
|--|--|--|
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and | lacheck for: |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: <u>LUKASZ</u> OS Name | (r | |
| 200 SCOTIA HYPOLUXO | Address | |
| (773) 814 O | | |

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

| α , | SECRETARY OF STA | SECRETARY OF STATE OF STATE | |
|--|---------------------|-----------------------------|--|
| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 05 NOV 28 AM 10: 11 | ไปใช้หะ • | |
| ARTICLE I NAME | - mili0: [1 | 4 | |
| The name of the corporation shall be: | | | |
| L. O. Carpentry. inc. | | | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | | ż | |
| 200 Scotici dr. #103 Hypoluxo, FL, 33462 ARTICLE III PURPOSE | | | |
| The purpose for which the corporation is organized is: | | | |
| Curpentry | | | |
| ARTICLE IV SHARES The number of shares of stock is: | | | |
| 100 | | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | | |
| List name(s), address(es) and specific title(s): | | | |
| P. Lukasz Osikowicz | | | |
| 200 Scotia dr. # 103 | | | |
| Hypoluxo, F2, 83 462 | | | |
| ARTICLE VI REGISTERED AGENT | | | |
| The name and Florida street address (P.O. Box NOT acceptable) of the reg | gistered agent is: | | |
| Lukasz Osikowicz | - | | |
| 200 Scotici ch. #103 | | | |
| Hypoluxo FL 3346Z ARTICLE VII INCORPORATOR | | | |
| The name and address of the Incorporator is: | • | | |
| Lukasz Osikowie | | | |
| 200 scotia de 4103 | | | |
| Hupdure FL. 33462 | ******** | | |
| Having been named as registered agent to accept service of process for the above stated of certificate, I am faniliar with and accept the appointment as registered agent and agree to | | is | |
| Osikovice Lukan | 11-21-2005 | | |
| Signature/Registered Agent | Date | | |
| Osikowie Lukar | 11-21-2005 | - | |
| Signature/Incorporator | Date | | |