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## **COVER LETTER**

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

SUBJECT: 4	EMON-AID, IN. (PROPOSED CORPORA)	C.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	244 4 A = 3 \( \text{A}	<u></u>	
FROM:	MARIE V. C	(Printed or typed)	
	6411 LONGO	Address CT.	**************************************
	LAKELAND City,	FL 3381 State & Zip	<u>/</u>
	863-648- Daytime To	1498 elephone number	

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

ARTICLES	OF	<b>INCORP</b>	ORATION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

LEMON-AID, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

641 LONGOAK CT. LAKELAND, FL 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELL FOOT + HAND CARE

PRODUCTS

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):

MARIE V. CRICHLOW

6411 LONGOAK CT.

6411 LONGOAK CT. 6411 LONGOAK CT. LAKELAND, FL 33811 LAKELAND, FL 33811 PIRECTOR

PRESIDENT

ROBERT C.CRICHLOW

REGISTERED AGENT

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

ROBERT C. CRICHLOW 6411 LONGOAK CT. LAKELAND, FL 33811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIE Y. CRICHLOW 6411 LONGOAK CT.

LAKELANO,FL 33811

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

7-5-2006 Date 1-85-2006