

P06000018348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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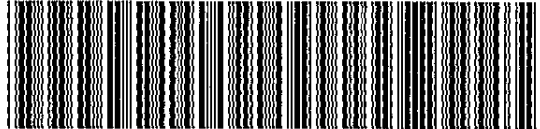
Certified Copies _____

Certificates of Status _____

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05 FEB - 6 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/06/06--01055--003 **70.00

COVER LETTER

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

SUBJECT: Lisa Simon 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: Lisa Simon

Name (Printed or typed)

139 West 3rd Street

Address

Jacksonville, Florida, 32206

City, State & Zip

904-655-0346

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:

Lisa Simon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

139 W 3rd Street
Jacksonville, Fl, 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Lisa Simon (P)
139 West 3rd Street
Jcksonville, Fl 32206

ARTICLE VI REGISTERED AGENT

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

Lisa Simon
139 West 3rd Street
Jcksonville, Fl 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryanne Wilkins
1830 N. Main St
Jacksonville, Fl
32206

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

Lisa Simon

Signature/Registered Agent

Ryanne Wilkins

Signature/Incorporator

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/2/06

Date

2/2/06

Date