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MAR 9 2006  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

SUBJECT: LIZARDI 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: MARIA R WINKELMAN  
Name (Printed or typed)

1632 HELLON WAY  
Address

SARASOTA FL 34232  
City, State & Zip

941 379 8920  
Daytime Telephone number

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

080  
Tetso



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

MARIA R. WINKELMAN  
1632 MELLON WAY  
SARASOTA, FL 34232

SUBJECT: LIZARDI INC.  
Ref. Number: W06000010355

RECEIVED  
06 MAR -9 PM 4: 21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for LIZARDI INC.. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 506A00014728

**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:

LIZARDI INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1632 MELLON WAY

SARASOTA FL 34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MULTIPLE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

NONE (PRIVATE) 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MARIA RENE WINKELMAN

PRESIDENT

OVEND E. PETERSEN

VICE - PRESIDENT

1632 MELLON WAY

SARASOTA FL 34232

**ARTICLE VI REGISTERED AGENT**

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

FERNANDO BIDART

1632 MELLON WAY

SARASOTA FL 34232

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIA RENE Winkelman

1632 MELLON WAY

SARASOTA FL 34232

\*\*\*\*\*

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

06/17/02  
\_\_\_\_\_  
Date

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

06/17/02  
\_\_\_\_\_  
Date

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 MAR -9 PM 12:57

FILED