

PO6000654021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL 32301

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## TRANSMITTAL LETTER

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

SUBJECT: LEXTAR ENTERPRISES 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: MICHAEL EISBROUCH  
Name (Printed or typed)

5210 SOUTH SALFORD BLVD.  
Address

NORTH PORT, FL 34287  
City, State & Zip

941-421-2525  
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: **LEXTAR ENTERPRISES INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **5210 SOUTH SALKOWS BLVD.  
NORTH PORT FL. 34287**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **GENERAL 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):

**MICHAEL CISBROUCH 5210 S. SALKOWS BLVD NORTH PORT FL 34287 PRESIDENT**  
**GRACE CISBROUCH 5210 S. SALKOWS BLVD NORTH PORT FL 34287 VICE-PRESIDENT**

## ARTICLE VI REGISTERED AGENT

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

**MICHAEL CISBROUCH 5210 S. SALKOWS BLVD NORTH PORT FL 34287**

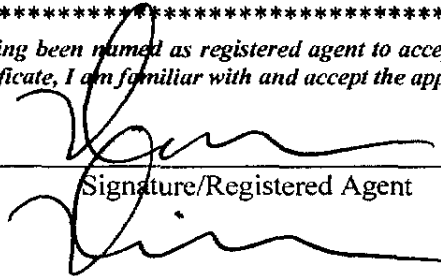
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

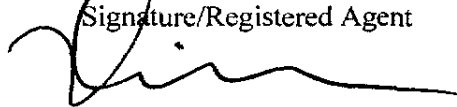
**MICHAEL CISBROUCH 5210 S. SALKOWS BLVD. NORTH PORT FL. 34287**

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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

**4-11-06**  
\_\_\_\_\_  
Date

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

**4-11-06**  
\_\_\_\_\_  
Date