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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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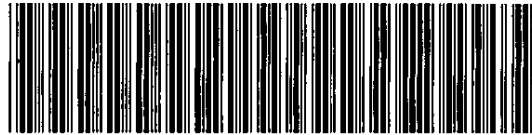
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 MAY 17 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Lone Rock Lodge INCORPORATED
(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: Dianne Williams

Name (Printed or typed)

341 Oregon Lane

Address

Boca Raton, FL 33487

City, State & Zip

954-461-9999

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:

Lone Rock Lodge Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

341 Oregon Lane, Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide bed and breakfast accomodations

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):

Dianne Williams, President
341 Oregon Lane
Boca Raton, FL 33487

Matthew J. Williams Vice President
341 Oregon Lane
Boca Raton, FL 33487

ARTICLE VI REGISTERED AGENT

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

Dianne Williams
341 Oregon Lane
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dianne Williams
341 Oregon Lane
Boca Raton, FL 33487

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



Signature/Incorporator



Date



Date

FILED
06 MAY 17 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA