

POL000670430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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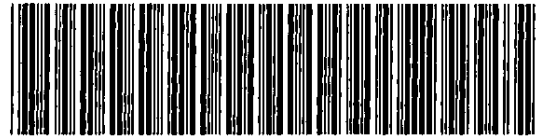
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUL -6 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/10
[Signature]

COVER LETTER

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

SUBJECT: LIL' MO MANAGEMENT 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: James D. Luna

Name (Printed or typed)

17633 Gunn Hwy #119

Address

Odessa, FL 33556

City, State & Zip

813-918-7163

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:

LIL' MO MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17633 Gunn Hwy #119 Odessa FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Management

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):

James D. Luna 5211 Lady Rose Ct Lutz, FL 33558 President / CEO

Lori G. Luna 5211 Lady Rose Ct Lutz, FL 33558 Vice President / CFO

ARTICLE VI REGISTERED AGENT

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

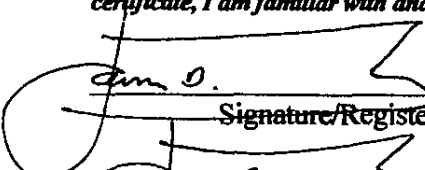
James D. Luna 5211 Lady Rose Ct. Lutz, FL 33558

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James D. Luna 5211 Lady Rose Ct. Lutz, FL 33558

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

6-14-06
Date

6-14-06
Date

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06 JUL -6 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA