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COVER LETTER

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

SUBJECT:	L & G C	DMPANIES	INC
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	LUCIA Nam	LLETEN A e (Printed or typed)	
	2080 NW	Address TYTEPR	ACE
	PEHBRO KE	PINES , FL y, State & Zip	_ <u>, 330</u> 24
Fro. 256. 4743 Daytime Telephone number			

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

	36 OCT 17 PM 3: 25
ARTICLE I NAME The name of the corporation shall be:	
L& G-COMPANIES, INC	SECHETATY OF STATE TALLAHASSEE, FLORIDA
	If the second
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
2080 NW TY TERRACE	
PEHBROKE PINES, FL 33024	
The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSIN	I ESS
ARTICLE IV SHARES	
The number of shares of stock is:	
•	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	The second secon
LUCIA LLERENA	
2080 NW 77 TERRACE	
PETIBROKE PINES, FL 33024	
,	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
WCIA LLERENA	
2080 NW FATERROLE	
PEHBROICE PINES, FL 33024	•
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
WCIA LLERENA	
2080 NW TITERROLE	
PEH BROKE PINES, FL 33024:*****	
Having been named as registered agent to accept service of process for the above stated or	orporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to a	ct in this capacity
	10/2/06
Signature/Registered Agent	10/2/06 Date
	10/2/06
Signature/Incorporator	Date
·	

. *ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED