

PO6000132413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079876522

09/18/06--01018--013 **78.75

FILED
06 OCT 16 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

po

COVER LETTER

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

SUBJECT: LCMS, Inc. (Legal Care Management Services, 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: Marcia Taylor

Name (Printed or typed)

4801 South University Drive, Suite 255

Address

Davie, FL 33328

City, State & Zip

(954) 394-7448/(954) 449-1847

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2006

MARCIA TAYLOR
4801 SOUTH UNIVERSITY DRIVE, SUITE 255
DAVIE, FL 33328

SUBJECT: LCMS, INC.
Ref. Number: W06000041578

We have received your document for LCMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED TO BE MORE SPECIFIC ABOUT WHICH NAME YOU WANT TO BE FILED,

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 006A00056626

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:

LCMS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4801 South University Drive, Suite 255
Davie, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management Services

ARTICLE IV SHARES

The number of shares of stock is:

Two (2)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marcia A. Taylor
4801 South University Drive
Suite # 255
Davie, FL 33328

ARTICLE VI REGISTERED AGENT

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

Marcia A. Taylor
7812 Pembroke Road
Miramar, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marcia A. Taylor
4801 South University Drive
Suite #255
Davie, FL 33328

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

FILED
06 OCT 16 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/25/06.

Date

9/25/06

Date