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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:		Lisa M Noble, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti			
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name 12462 **	M. Noble (Printed or typed) Toucan Drive Address	10.	
·	Jacksonville, Florida 32223 City, State & Zip 904-673-6350			
	Daytime Telephone number			

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

ARTICLES OF INCORPORATIONN

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

ARTICLE I NAME:

The name of corporation shall be Lisa M Noble, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal place of business / mailing address is 12462 Toucan Drive Jacksonville, Florida 32223

ARTICLE III PURPOSE:

The purpose for which the corporation is organized

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES:

The number of Shares of Stock is: 1,000 Common Shares Par Value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:

Lisa M Noble (Owner) 12462 Toucan Drive Jacksonville, Florida 32223

ARTICLE VI REGISTERED AGENT:

Lisa M Noble 12462 Toucan Drive Jacksonville, Florida 32223

ARTICLE VIII INCORPORATOR:

Lisa M Noble 12462 Toucan Drive Jacksonville, Florida 32223

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

/(-21-56 Date

SECRETARY OF STATE