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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight FEB 19 2007

COVER LETTER

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

SUBJECT: L&S PERMITTING 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: LYNNE NEJIB
Name (Printed or typed)

3227 N. STATE RD 7
Address

MARGATE, FL 33063
City, State & Zip

954-984-9293
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:

L & S PERMITTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3227 N. STATE RD 7
MARGATE, FLORIDA 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION PLAN Expediting
AND Permitting Services,

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):

LYNNE NEJIB, 3227 N STATE RD 7 MARGATE, FL 33063, PRESIDENT
MIKE SPRUCE, 3227 N STATE RD 7 MARGATE, FL 33063, VICE PRES
KEN NEJIB, 3227 N. STATE RD 7 MARGATE, FL 33063, TREASURER
HOWARD NEJIB, 3227 N. STATE RD 7 MARGATE, FL 33063, SECRETARY

ARTICLE VI REGISTERED AGENT

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

LYNNE NEJIB
3227 N. STATE RD 7
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNNE NEJIB
3227 N. STATE RD 7
MARGATE, FL 33063

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

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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