

PO7000022475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

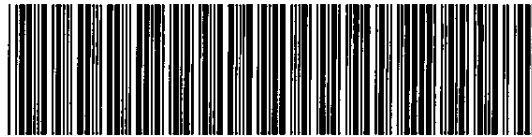
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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07 FEB 19 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

g 2/20/07

**COVER LETTER**

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

FILED  
07 FEB 19 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Lisa Marie Stuart, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Lisa Marie Stuart

Name (Printed or typed)

3625 Ballastone Dr.

Address

Land O Lakes, FL 34638

City, State & Zip

813-363-9403

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:

Lisa Marie Stuart, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3625 Ballastone Dr.  
Land O Lakes, FL 34638

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Assisting Clients in the Buying and Selling of Real Estate

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Lisa Marie Stuart  
3625 Ballastone Dr.  
Land O Lakes, FL 34638  
President

## **ARTICLE VI REGISTERED AGENT**

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

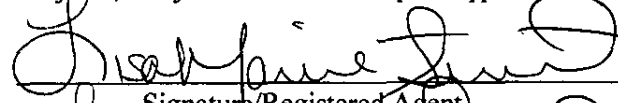
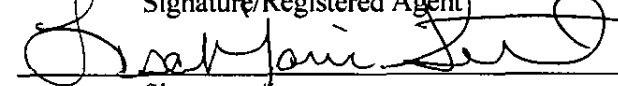
Lisa Marie Stuart  
3625 Ballastone Dr.  
Land O Lakes, FL34638

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lisa Marie Stuart  
3625 Ballastone Dr.  
Land O Lakes, FL34638

\*\*\*\*\*  
*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

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TALLAHASSEE, FLORIDA

2-15-07  
Date  
2-15-07  
Date