

P07000082016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

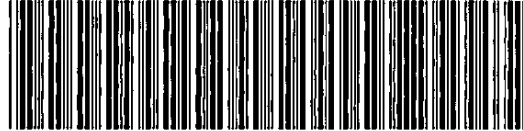
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/07--01004--017 **70.00

RECEIVED
07 JUL 19 AM 10:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUL 19 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 7-19

COVER LETTER

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

SUBJECT: Lorviena Ladson Entertainment 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: Lorviena Ladson
Name (Printed or typed)

2001 Old St. Augustine Rd. Apt. H208
Address

Tallahassee, FL 32301
City, State & Zip

305-733-9170
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: **Lorviena Ladson Entertainment Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **347 Office Plaza Dr. Tallahassee 32301**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Entertainment**

ARTICLE IV SHARES

The number of shares of stock is: **100 Lorviena Ladson - 100%**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**LORVIENA LADSON, 2001 Old St. Augustine Rd. Apt. H208, CEO/owner
Tallahassee, FL. 32301**

ARTICLE VI REGISTERED AGENT

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

**Lorviena Ladson
2001 Old St. Augustine Rd. Apt. H208
Tallahassee, FL. 32301**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**2001 Old St. Augustine Rd. Apt H208 Tallahassee, FL.
LORVIENA LADSON 32301**

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

Lorviena Ladson
Signature/Registered Agent

7/19/07
Date

Lorviena Ladson
Signature/Incorporator

7/19/07
Date

FILED
07 JUL 19 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA