

PO7000101789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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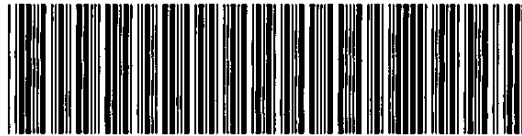
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-13-07  
200

## COVER LETTER

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

SUBJECT: LME Insurance Agency, 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: Lisa Collins  
Name (Printed or typed)

PO Box 616075

Address

ORlando FL 32861-6075

City, State & Zip

(407) 283 9300

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:

*Lmc Insurance Agency, Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

*805 S. Kirkman Rd  
Orlando FL 32811*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Full Lines Insurance Agency*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1 share*

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

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

*Lisa M Collins - Owner / President  
PO Box 616075  
Orlando FL 32861-6075*

**ARTICLE VI REGISTERED AGENT**

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

*Lisa M Collins  
805 S. Kirkman Rd  
Orlando FL 32811*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Lisa M Collins  
PO Box 616075  
Orlando FL 32861*

\*\*\*\*\*  
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

*Lisa M Collins*

Signature/Registered Agent

*Lisa M Collins*

Signature/Incorporator

*9/8/07*

Date

*9/8/07*

Date

**FILED**  
2007 SEP 12 P 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA