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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

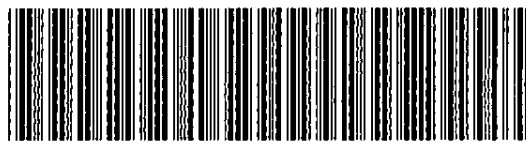
(Business Entity Name)

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RECEIVED
08 OCT 13 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
7600 OCT 13 A 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2008
D. A. WHITE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LACD Enterprise Inc.

Signature _____

Requested by: Seth 10/13 11:00
Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier

FROM :

FAX NO. :

Oct. 18 2006 09:10AM P21

FILED

**ARTICLES OF INCORPORATION
OF
L A C D ENTERPRISE, INC.**

2008 OCT 13 A 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE I - CORPORATE NAME

**THE NAME OF THE CORPORATE IS: L A C D ENTERPRISE, INC.
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 8306 HEDGEWOOD DRIVE
JACKSONVILLE, FL 32216**

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS AS, PROPERTY MANAGEMENT PERMITTED UNDER THE LAWS
OF THE UNITED STATES AND THE STATE OF FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME: LESLIE A. DEPPE

PRINCIPLE AND MAILING ADDRESS: 8306 HEDGEWOOD DRIVE

CITY: JACKSONVILLE, FLORIDA

ZIP: 32216

ARTICLE VI- INITIAL BOARD OF DIRECTORS

**THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE
CORPORATION ARE AS FOLLOWS:**

NAME: LESLIE A. DEPPE

NAME:

PRINCIPLE AND MAILING ADDRESS: 8306 HEDGEWOOD DRIVE

CITY: JACKSONVILLE, FLORIDA

ZIP 32216

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: FLORIDA

ZIP

ARTICLE VII - INCORPORATORS

**THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:**

NAME: LESLIE A. DEPPE

PRINCIPLE AND MAILING ADDRESS: 8306 HEDGEWOOD DRIVE

CITY: JACKSONVILLE

FLORIDA

ZIP 32216

NAME:

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: JACKSONVILLE

FLORIDA

ZIP:

FROM :

FAX NO. :

Oct. 18 2006 09:10AM P23

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF: L A C D ENTERPRISE, INC.
(Name of corporation)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**AT: 8306 HEDGEWOOD DRIVE
JACKSONVILLE, FL 32216**

HAS NAMED:

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**

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2006 OCT 13 A 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


x _____

LESLIE A. DEPPE

(Registered agent)

FROM :

FAX NO. :

Oct. 18 2006 09:10AM P24

**IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 10th DAY OF SEPTEMBER 2008**

Leslie A. Deppe (SIGN)

____ (SIGN)

____ (SIGN)

____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

**BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED**

NAME: LESLIE A. DEPPE

**KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION**

**IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS DAY OF September 10, 2008**

(NOTARY SEAL) _____

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

**LINDA L. WILSON
MY COMMISSION # DD 388354
MY COMMISSION EXPIRES: JANUARY 20, 2009**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA