

P08000094639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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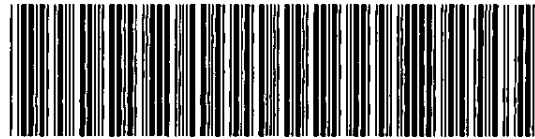
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/08--01005--013 **70.00

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SECRETARY OF STATE
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COLUMBIA, MO

[Handwritten signature]

COVER LETTER

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

SUBJECT: LSM Enterprises, 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: David E. Wilson

Name (Printed or typed)

PO Box 205

Address

Interlochen, MI 49643

City, State & Zip

(231) 276-7668

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:

LSM Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5922 Olive Ave

PO Box 1418

Sarasota, FL 34230

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Those purposes as allowed by Florida Law

ARTICLE IV SHARES

The number of shares of stock is:

20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Linda S. Mead, PO Box 1418, Sarasota, FL 34230, President/Secretary

Gordon D. Mead, PO Box 1418, Sarasota, Florida 34230, Director

ARTICLE VI REGISTERED AGENT

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

Linda S. Mead

5922 Olive Ave

Sarasota, FL 34230

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda S. Mead

5922 Olive Ave

Sarasota, FL 34230

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

Linda S Mead

Signature/Registered Agent

Linda S Mead

Signature/Incorporator

Date

10-6-08

Date

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08 OCT 17 PM 10:03
CLERK OF DISTRICT COURT
JANESVILLE, WISCONSIN