

PD 8888096848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

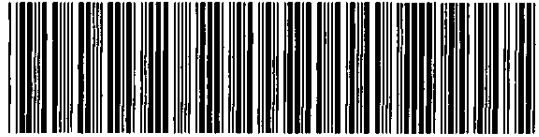
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-24-08
208

COVER LETTER

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

SUBJECT: Loss Mit Leads, 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: Attila Makranczy
Name (Printed or typed)

8535 Baymeadows Rd. Suite 6-B
Address

Jacksonville FL 32256
City, State & Zip

904-419-6163 904-514-9132
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:

Loss Mit Leads, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8535 Baymeadows Rd Suite 6-B
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Attila Makranczy - President
8535 Baymeadows Rd, Suite 6-B
Jacksonville, FL 32256

Randy Thornhill -
Vice President
8535 Baymeadows Rd.
Suite 6-B
Jacksonville, FL 32256

ARTICLE VI REGISTERED AGENT

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

Attila Makranczy - 8535 Baymeadows Rd, Suite 6-B,
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Attila Makranczy
8535 Baymeadows Rd, Suite 6-B
Jacksonville, FL 32256

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

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA