

P090000031014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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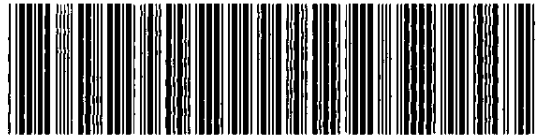
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/09--01014--016 **70.00

FILED
09 APR -6 PM 4:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

EP 4/7/09

COVER LETTER

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

SUBJECT: Lynntrove, 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 J. Thompson

Name (Printed or typed)

7491 N Federal Hwy, Suite C5-324

Address

Boca Raton, FL 33487

City, State & Zip

561-699-9183

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:

Lynntrove, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7491 N Federal Hwy
Suite C5-324
Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David J. Thompson
7491 N Federal Hwy
Suite C5-324
Boca Raton, FL 33487

ARTICLE VI REGISTERED AGENT

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


David J. Thompson
7491 N Federal Hwy
Suite C5-324
Boca Raton, FL 33487


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David J. Thompson
7491 N Federal Hwy
Suite C5-324
Boca Raton, FL 33487

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

4/4/09

Date

4/4/09

Date

09 APR -6 PM 4:19
STATE OF FLORIDA
TALLAHASSEE, FLORIDA