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COVER LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 JUL 13 PM 1: 36

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

SUBJECT:	Lakacyda, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM:		C. Whitener (Printed or typed)	
		iin Woods Circle	
		Address	
_ _		ings, FL 35135	
	City,	State & Zip	
		821-5554	
	Daytime T	elephone number	
	dwhitener	@doc2md.com	atification)
	E-mail address, no be lised	i ior minre annuai tenori i	TOTHICATION

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 is: Lakacyda, Inc.

ARTICLE II - Principal Office:

The mailing address and street address of the principal office of the corporation is:

Principal Office Address:	Mailing Address:
26661 Dublin Woods Circle	26661 Dublin Woods Circle
Bonita Springs, FL 34135	Bonita Springs, FL 34135

ARTICLE III - Purpose:

The purpose of the corporation is to conduct any and all lawful business.

Shares IV - Shares:

The number of stock shares is: 1000

ARTICLE V — Initial Officers and or Directors:

Darren C. Whitener President and CEO

ARTICLE VI - Registered Agent:

Darren Whitener
26661 Dublin Woods Circle
Bonita Springs, FL 34135

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ARTICLE VII - Incorporator:

Darren Whitener
26661 Dublin Woods Circle
Bonita Springs, FL 34135

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

Registered Agent
Date: July 8, 2009

Incorporator Agent

Date: July 8, 2009