

## Florida Department of State

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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

: YOUR CAPITAL CONNECTION, INC. Account Name

Account Number: I20000000257 : (850)224-8870 Phone

Fax Number : (850)222-1222

FLORIDA PROFIT/NON PROFIT CORPORATION

Lake County Mediation, Inc.

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Page Count	03
Estimated Charge	\$78.75

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NO. 4188 P. 2
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DIVISION OF CORPORATIONS
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# ARTICLES OF INCORPORATION OF

# Lake County Mediation, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I: NAME

The name of the corporation is Lake County Mediation, Inc.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 640 North Baker Street, Mount Dora, FL 32757.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

# ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is, Carla R. Pepperman, 640 North Baker Street, Mount Dora, FL 32757.

## ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is:

Carla R. Pepperman, President/Secretary/Treasurer, 640 North Baker Street, Mount Dora,
FL 32757.

## ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 15th of July 2009.

"Your Capital Connection, Inc. by, Christina L. Fields, Client Representative"

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#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corpo	ration is:	Lake	County [	Nediation	Jnc.
		··········			
2. The name and street at Carla R.	_		ent and office	ja:	
640 North	Baker	Street,	Mount	Dora, FL	32757
Have been named if Process for the al This certificate, i And agree to act i Provisions of all s Performance of M Obligations of My	BOVE STAT HEREBY AC IN THIS CAI STATUTES IY DUTIES,	ED CORPOR CCEPT THE PACITY, I F RELATING AND I AM F	EATION AT APPOINTME URTHER AG TO THE PRO AMILIAR W	THE PLACE DE ENT AS REGIST REE TO COMP OPER AND COM ITH AND ACCI	Signated in Tered agent Ly with the Aplete
		7/14/09	(	Repor	

Carla R. bepperman.