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COVER LETTER

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

SUBJECT:	LMDS, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
✓ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:		E. Schwartz e (Printed or typed)	
		E 71st Terrace	
	Address		
	Ocala, FL, 34470		
	City, State & Zip		
	352-598-0596 Daytime Telephone number		
	Shortytwo2@cox.net E-mail address: (to be used for future annual report notification)		

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:

LMDS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 654 NE 71st Terrace, Ocala, FL, 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Equine Services

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Linda E. Schwartz, 654 NE 71st Ter, Ocala, Fl, 34470

ARTICLE VI REGISTERED AGENT

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

Linda E. Schwartz, 654 NE 71st Terr., Ocala, Fl, 34470

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Linda E. Schwartz, 654 NE` 71st Terr., Ocala, FI, 34470

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

10-08-2009

Date

10-08-2009

Date

