

PD900096928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

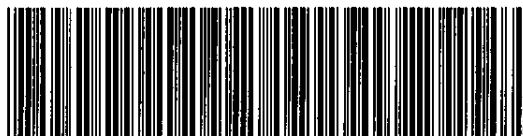
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 12:04

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MRS 12/2

COVER LETTER

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

SUBJECT: Loreyns Legal Services Co.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Loreyn C. Palacios
Name (Printed or typed)

13683 Ishnala Circle
Address

Wellington, FL 33414
City, State & Zip

(561) 315-7715
Daytime Telephone number

Loreyn753@yahoo.com
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:

Loreyns Legal Services Co.

ARTICLE II PRINCIPAL OFFICE

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

13683 Ishnala Cir.
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide secretarial services

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):

President: Loreyn Palacios

ARTICLE VI REGISTERED AGENT

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

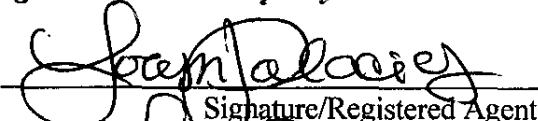
Loreyn Palacios
13683 Ishnala Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Loreyn Palacios
13683 Ishnala Circle
Wellington, FL 33414

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

FILED

09 NOV 30 AM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/23/09
Date

11/23/09
Date