P10000000110

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



700163935337

12/31/09--01047--002 **78.75



nek

COVER LETTER

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

SUBJECT:	L & K Networking, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 of Status PPY REQUIRED
FROM:	Jennifer Giles Name (Printed or typed)		
	4438 CobbleField Cir. W Address Jacksonville, FL 32224 City, State & Zip		
	904-994-7485 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:

L & K Networking, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

4438 CobbleField Cir. W Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jennifer Giles, President/ Secretary/ Treasurer: 4438 CobbleField Cir. W, Jacksonville, FL 32224

Michael Giles, Vice President: 4438 CobbleField Cir. W, Jacksonville, FL 32224

ARTICLE VI REGISTERED AGENT

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

Jennifer Giles 4438 CobbleField Cir. W Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer Giles: 4438 CobbleField Cir. W, Jacksonville, FL 32224

Michael Giles: 4438 CobbleField Cir. W, Jacksonville, FL 32224

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

12/28/09 Date

/2/28/09 Date

09 DEC 31 MID