

P10000025375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 MAR 18 P 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 23 2010

D. A. WHITE

## COVER LETTER

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

SUBJECT: LIFT HELP 1 INC.  
(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  
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 COPY REQUIRED**

FROM: LIFT HELP 1 INC.  
Name (Printed or typed)

9841 SW 85 TERRACE  
Address

MIAMI, FL 33173  
City, State & Zip

786-447-8982  
Daytime Telephone number

DAVID@LIFTHELP1.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:

LIFT HELP 1 INC.

## ARTICLE II PRINCIPAL OFFICE

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

9841 SW 85 TER, MIAMI, FLA 33173

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS

## 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):

DAVID ALEKNA  
9841 SW 85 TER, MIAMI, FLA, 33173  
CEO AND PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

DAVID ALEKNA  
9841 SW 85 TER, MIAMI, FLA 33173

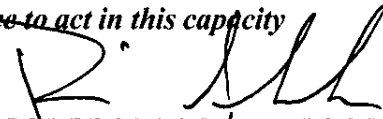
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

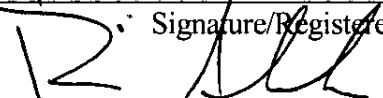
DAVID ALEKNA  
9841 SW 85 TER, MIAMI, FLA 33173

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*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15-MAR-10

Date

15-MAR-10

Date