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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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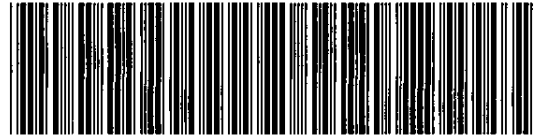
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Ps 7/9/10

COVER LETTER

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

SUBJECT: LKP Consulting, 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 ☒ \$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: Shannon L. Ward

Name (Printed or typed)

717 Castledale Ct

Address

Jacksonville, FL 32259

City, State & Zip

904-287-5705

Daytime Telephone number

shannonlward@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:

LKP Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

717 Castledale Ct

Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consulting services, for profit.

ARTICLE IV SHARES

The number of shares of stock is:

2,000 shares of common stock, par value \$.01 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shannon L. Ward,

PTSD

717 Castledale Ct

Jacksonville, FL 32259

ARTICLE VI REGISTERED AGENT

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

Shannon L. Ward

717 Castledale Ct

Jacksonville, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shannon L. Ward

717 Castledale Ct

Jacksonville, FL 32259

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

07/02/2010

Date

07/02/2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED