

PI0000073582

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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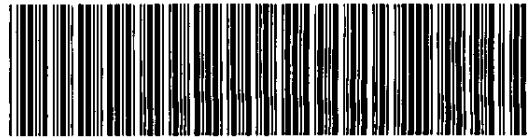
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 SEP -3 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 8 2010

COVER LETTER

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

SUBJECT: LMI OF SOUTHWEST FLORIDA 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: NICHOLAS CHRISTY
Name (Printed or typed)

1109 SW 44TH STREET
Address

CAPE CORAL FL 33914
City, State & Zip

239-541-8731
Daytime Telephone number

CNICKC05@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: **LMI OF SOUTHWEST FLORIDA, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: **1109 SW 44TH STREET
CAPE CORAL, FL 33914**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **- PROFIT CORP
- WHOLESALE BUY/SELL MACHINE
PARTS**

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**NICHOLAS CHRISTY, PRESIDENT- 1109 SW 44TH STREET
CAPE CORAL, FL 33914**

ARTICLE VI REGISTERED AGENT

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

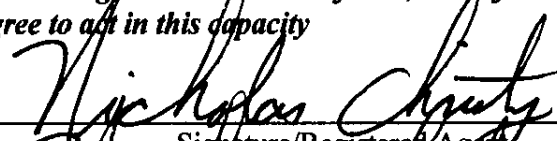
**NICHOLAS CHRISTY, 1109 SW 44TH STREET
CAPE CORAL, FL 33914**

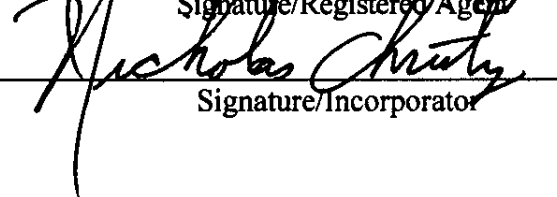
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**NICHOLAS CHRISTY, 1109 SW 44TH STREET
CAPE CORAL, FL 33914**

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

09/01/2010

Date
09/01/2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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