

711 000000333

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
lakewood commercial group inc.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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16th JAN 04 2011

H110000001334

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: **LAKEWOOD COMMERCIAL GROUP INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8201 Peters Road
Suite# 1000 Plantation
Florida, 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Property Management & Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **David Connolly V.P. & Dir**
Address: **8201 Peters Road**
Suite 1000 Plantation
Florida, 33324

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **David Connolly**
Address: **8201 Peters Road**
Suite 1000 Plantation
Florida, 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **David Connolly**
Address: **8201 Peters Road**
Suite 1000
Plantation, Florida 33324

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

David Connolly

Required Signature/Registered Agent

1/3/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David Connolly

Required Signature/Incorporator

1/3/11

Date

H110000001334

2011 JAN -3 PM 12:28
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TALLAHASSEE, FLORIDA
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