

P1100008949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

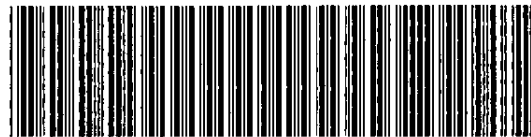
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JAN 25 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 1/27/11

## COVER LETTER

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

SUBJECT: Lynn Leisure Development Corporation  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Ernest Fredrick Lynn  
Name (Printed or typed)

5055 Caspian Court  
Address

Orlando Florida 32819  
City, State & Zip

407-294-0602  
Daytime Telephone number

fredlynn07@aol.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: Lynn Leisure Development Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5055 Caspian Court  
Suite B  
Orlando Florida 32819

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Developer of Entertainment, Hospitality/Resort and Theme Park/Attraction Venues

**ARTICLE IV SHARES**

The number of shares of stock is 3000000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ernest Lynn President  
Address: 5055 Caspian Court  
Orlando Florida 32819

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Marcia Lynn Vice President  
Address: 5055 Caspian Court  
Orlando Florida 32819

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: Ernest Lynn  
Address: 5055 Caspian Court  
Orlando Florida 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marcia Lynn  
Address: 5055 Caspian Court  
Orlando Florida 32819

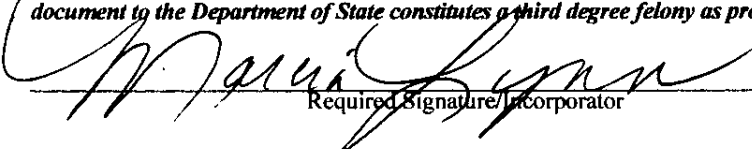
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

1/21/2011

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/21/2011

Date

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FLORIDA