

P110000011369

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 26



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2011

LEONARDO CHAVEZ  
PO BOX 524188  
MIAMI, FL 33178

SUBJECT: LC MARKETING, INC.  
Ref. Number: W11000003101

We have received your document for LC MARKETING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00001453



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2011

LEONARDO CHAVEZ  
PO BOX 524188  
MIAMI, FL 33178

SUBJECT: LC MARKETING, INC.  
Ref. Number: W11000003101

We have received your document for LC MARKETING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00002323

## COVER LETTER

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

SUBJECT: LC MARKETING, 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: Leonardo Chavez

Name (Printed or typed)

P.O. Box 524188

Address

Miami, Florida 33178

City, State & Zip

786-487-1719

Daytime Telephone number

gnardy@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**

LC Marketing, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
4320 N.W. 107th Avenue  
Apt. 207  
Doral, Florida 33178

Mailing address, if different is:  
P.O. Box 524188  
Miami, Florida 33152

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
(Marketing) Promoting, Selling and Distributing a product or service.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Leonardo Chavez  
Address: P.O. Box 524188  
Miami, Florida 33152

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: Leonardo Chavez  
Address: P.O. Box 524188 4320 N.W. 107th Ave Apt 207  
Miami, Florida 33152 DORAL, FL. 33178

**ARTICLE VII INCORPORATOR**

The ~~name and address~~ of the Incorporator is:

Name: Leonardo Chavez  
Address: P.O. Box 524188  
Miami, Florida 33152

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] Required Signature/Registered Agent 1/7/2011 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.

[Signature] Required Signature/Incorporator 1/7/2011 Date

FILED  
11 FEB - 2 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA