

P11000035206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

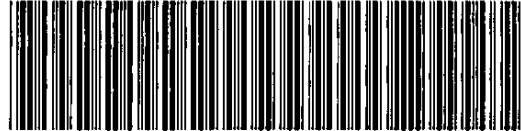
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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



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04/08/11--01013--013 \*\*87.50

Special Instructions to Filing Officer:

Jan Regere **GAME**  
AUTHORIZATION BY PHONE TO  
CORRECT Article IV  
DATE 4/11/11  
DOC. EXAM MRS

Office Use Only

MRS  
4/11

FILED  
11 APR -8 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: PLD 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: Jean Legore  
Name (Printed or typed)

17649 Washington St  
Address

Winter Garden, FL 34787  
City, State & Zip

407-702-7368  
Daytime Telephone number

jeanleger1@gmail.com  
E-mail address: (to be used for future annual report notification)

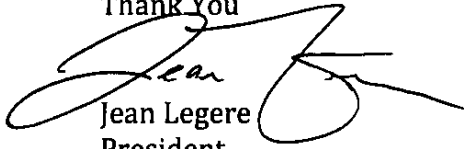
**NOTE: Please provide the original and one copy of the articles.**

4/5/11

To Whom It May Concern:

I have no intentions to reinstate the company to be dissolved. Please release  
the name to be used again.

Thank You



Jean Legere  
President  
PLD Inc.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: PLD Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1554 Baren Dr. St. 101  
Orlando, FL 32701

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: restaurant food delivery.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Sean Legese - President  
Address: \_\_\_\_\_

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

Name and Title: Greg Zavin - Vice President  
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: Sean Legese  
Address: 17049 Washington St  
Winter Garden, FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sean Legese  
Address: 17049 Washington St  
Winter Garden, FL 34787

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

3/22/11

\_\_\_\_\_  
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.

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

3/22/11

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
FLORIDA