

P11000040276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

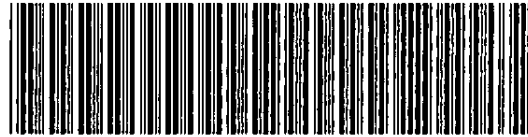
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/25/11--01056--012 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 26 AM 8:16

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: **Loli Group 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: **Darren Loli**

Name (Printed or typed)

**11900 Biscayne Blvd. Suite 804**

Address

**North Miami, FL 33181**

City, State & Zip

**205-901-1005**

Daytime Telephone number

**sunbiz@loligroup.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: **Loli Group Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11900 Biscayne Blvd.  
Suite 804  
North Miami, FL 33181

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Business consulting & software development.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100,000**

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

Name and Title: <u>Darren Loli, President</u>	Name and Title: _____
Address: <u>7061 Del Corso Ln.</u>	Address: _____
<u>Delray Beach, FL 33446</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

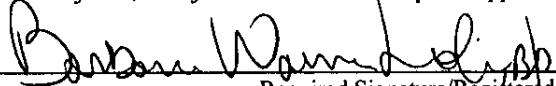
Name: Barbara Warren Loli, Esq.  
Address: 11900 Biscayne Blvd. Suite 804  
North Miami, FL 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Darren Loli  
Address: 11900 Biscayne Blvd. Suite 804  
North Miami, FL 33181

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

3-21-11  
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

3/21/11  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 26 AM 8:16

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AND  
FILED