

P11000051042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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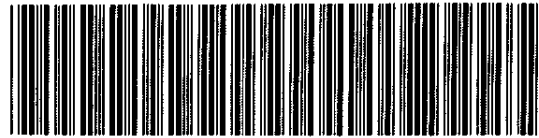
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

11 MAY 31 PM 3:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY 31 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/13/11

COVER LETTER

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

SUBJECT: LFS Concession Enterprises 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: Larry Williams
Name (Printed or typed)

2529 Vega Dr 346
Address

Tallahassee FL 32303
City, State & Zip

850-590-7889
Daytime Telephone number

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: LSS Concession Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2529 Vega Dr 346
Tallahassee FL 32303

Mailing address, if different is:

P.O. Box 321
Havana FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell

ARTICLE IV SHARES

The number of shares of stock is: none

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry Williams Owner
Address: 2529 Vega Dr 346
Tallahassee FL 32303

Name and Title: _____
Address: _____

Name and Title: Shironda Williams Treasurer
Address: 2529 Vega Dr 346
Tallahassee FL 32303

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: 2529 Vega Dr 346
Address: Tallahassee FL 32303

Larry Williams

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Larry Williams
Address: 2529 Vega Dr 346
Tallahassee, FL 32303

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

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

Date

FILED
11 MAY 31 AM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA