

P11000056701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

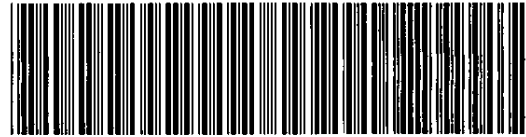
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

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

SUBJECT: L&H Baker Associates, 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 D. Baker

Name (Printed or typed)

1705 Connecticut Avenue

Address

Lynn Haven, FL 32444

City, State & Zip

321-298-4853

Daytime Telephone number

BakerLD29@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

The name of the corporation shall be: **L&H Baker Associates, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1705 Connecticut Avenue
Lynn Haven, FL 32444

Mailing address, if different is:

PO Box 9462
Panama City Beach, FL 32417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting with financial organizations in their use of information technology.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Larry D. Baker, President**
Address: **1705 Connecticut Avenue**
Lynn Haven, FL 32444

Name and Title: _____
Address: _____

Name and Title: **Helen E. Baker, Vice President**
Address: **1705 Connecticut Avenue**
Lynn Haven, FL 32444

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:

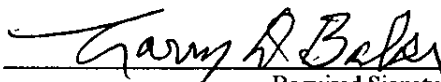
Name: **Larry D. Baker**
Address: **1705 Connecticut Avenue**
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Larry D. Baker**
Address: **1705 Connecticut Avenue**
Lynn Haven, FL 32444

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

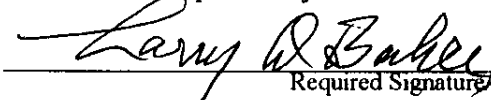


Required Signature/Registered Agent

6-10-2011

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

6-10-2011

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32307

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