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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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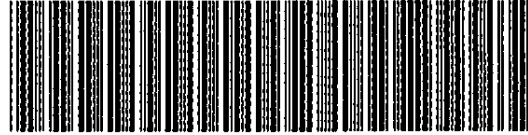
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 06 2011

## COVER LETTER

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

SUBJECT: **LOCHE SWIMMING, 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: **STEVEN R LOCHE**

Name (Printed or typed)

**3 LONDON LANE**

Address

**ORMOND BEACH FL 32176**

City, State & Zip

**386.316.7553**

Daytime Telephone number

**SRLOCHE2@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**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** LOCHTE SWIMMING, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3 LONDON LANE  
ORMOND BEACH FL 32176

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE AN ORGANIZATION WHICH WILL COORDINATE AND MANAGE THE  
INSTRUCTION OF SWIMMING AND OTHER AQUATIC FORMS OF SPORT AND EXERCISE

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED (100)

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

Name and Title:	STEVEN R LOCHTE - PRESIDENT	Name and Title:	
Address:	3 LONDON LANE	Address:	
	ORMOND BEACH FL 32176		

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: STEVEN R LOCHTE  
Address: 3 LONDON LANE  
ORMOND BEACH FL 32176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STEVEN R LOCHTE  
Address: 3 LONDON LANE  
ORMOND BEACH FL 32176

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

Steven R. Lochte  
Required Signature/Registered Agent

06-28-11  
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.

Steven R. Lochte  
Required Signature/Incorporator

06-28-11  
Date

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DEPARTMENT OF STATE