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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

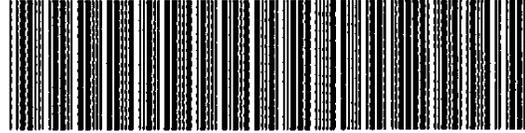
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers JUL 06 2011

COVER LETTER

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

SUBJECT: LOCHTE 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 LOCHTE
Name (Printed or typed)

3 LONDON LANE
Address

ORMOND BEACH FL 32176
City, State & Zip

386.316.7553
Daytime Telephone number

SRLOCHTE2@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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 _____ Date 06-28-11
Required Signature/Registered Agent

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 _____ Date 06-28-11
Required Signature/Incorporator