

PH 000076488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

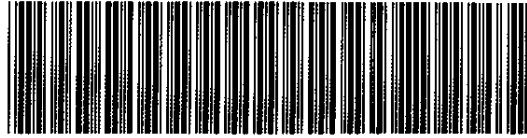
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100211291421

08/26/11--01022--008 **78.75

APPROVED
AND
FILED
TH AUG 26 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LAFVING 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JEFFREY LAFVING

Name (Printed or typed)

3019 WATERMAN ST

Address

DELTONA FL 32738

City, State & Zip

386/847/9048

Daytime Telephone number

JEFFLAFVING@EARTHLINK.NET

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

LAFVING ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

**3019 WATERMAN ST
DELTONA FL 32738**

Mailing address, if different is:

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

11 AUG 26 PM 1:08

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PLUMBING AND CLEANING

ARTICLE IV SHARES

The number of shares of stock is **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MONICA LAFVING CEO**

Address: **3019 WATERMAN ST
DELTONA FL 32738**

Name and Title: _____

Address: _____

Name and Title: **JEFFREY LAFVING VP**

Address: **3019 WATERMAN ST
DELTONA FL 32738**

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: **MONICA LAFVING**

Address: **3019 WATERMAN ST
DELTONA FL 32738**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JEFF LAFVING**

Address: **3019 WATERMAN ST
DELTONA FL 32738**

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

Monica Lafving **Monica LAFVING**

Required Signature/Registered Agent

8-21-11

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.

Jeff Lafving **Jeffrey LAFVING**

Required Signature/Incorporator

8-21-11

Date