

P110000086495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

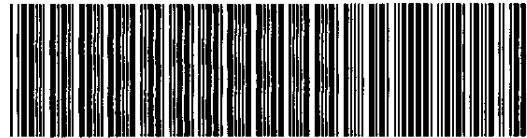
(Document Number)

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Special Instructions to Filing Officer:

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Office Use Only



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09/14/11--01016--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 30 PM 2:47

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: LMC, 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: DEBRA C. MANUCY
Name (Printed or typed)

P.O. BOX 218
Address

ELKTON, FL 32033
City, State & Zip

(904) 692-2810
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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2011

DEBRA C. MANUCY
P.O. BOX 218
ELKTON, FL 32033

SUBJECT: LMC, INC.
Ref. Number: W11000047702

We have received your document for LMC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 911A00021384

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AND
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof. 60)

ARTICLE I. NAME

The name of the corporation shall be: **LMC CONSTRUCTORS, INC.**

ARTICLE II. PRINCIPLE OFFICE

Principle street address:

Mailing address, if different:

7913 Washington Avenue
Hastings, FL 32145

P.O. Box 218
Elkton, FL 32033

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE IV. SHARES

The number of shares of stock is: Fifty (50)

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra C. Manucy, PSTD

Address: P.O. Box 218
Elkton, FL 32033

ARTICLE VI. REGISTERED AGENT

This name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name and Title: Debra C. Manucy

Address: 7913 Washington Avenue
Hastings, FL 32145

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AND
FILED

ARTICLE VII. INCORPORATOR

11 SEP 30 PM 2:47

The name and address of the Incorporator is:

Name: Debra C. Manucy
Address: P.O. Box 218
Elkton, FL 32033

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Debra C. Manucy
DEBRA C. MANUCY, Registered Agent

9/9/11
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.

Debra C. Manucy
DEBRA C. MANUCY, Incorporator

9/9/11
Date