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2011 OCT 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LCK Senior Services, 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: Susan Koshlin
Name (Printed or typed)
10582 Stonebridge Blvd
Address
Boca Raton FL 33498
City, State & Zip
561 213 7898
Daytime Telephone number
susan.koshlin@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

The name of the corporation shall be: LCK Senior Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10582 Stonebridge Blvd
Boca Raton FL 33498

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help with filling out paperwork

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Kushlin - President
Address: 10582 Stonebridge Blvd
Boca Raton FL 33498

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Susan Kushlin
Address: 10582 Stonebridge Blvd
Boca Raton FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Kushlin
Address: 10582 Stonebridge Blvd
Boca Raton FL 33498

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

10-12-11
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.

Required Signature/Incorporator

10-12-11
Date

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