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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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for 10/21/11

COVER LETTER

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

SUBJECT: LCR 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: LISA ROURKE

Name (Printed or typed)

4760 SARAZEN DRIVE

Address

HOLLYWOOD, FL. 33021

City, State & Zip

954 829-5316

Daytime Telephone number

sksassociates1@aol.com

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

NOTE: Please provide the original and one copy of the articles.

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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: **LCR ENTERPRISES, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
4760 SARAZEN DRIVE
HOLLYWOOD FL 33021

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
STARTING A NEW COMPANY FOR MARKETING

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LISA ROURKE, PRES., SECY.**
Address: **4760 SARAZEN DRIVE**
HOLLYWOOD, FL 33021

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:

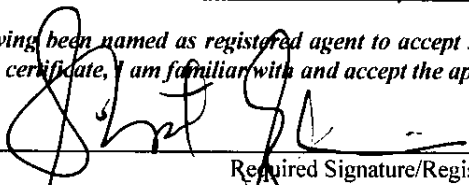
Name: **STEWART SEGLIN**
Address: **9686 SW 2 STREET**
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LISA ROURKE**
Address: **4760 SARAZEN DRIVE**
HOLLYWOOD, FL 33021

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