## P11000102384

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Br	isiness Entity Name	<del>;</del> )
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

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

<b>SUBJECT: Lia Clemens Photograp</b>	phy, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	ADDITIONAL COLT REQUIRED
FROM: Lia Clemens	(Printed or typed)
111 Windsor Cresent Str	,
Winter Springs, Florida City,	32708 State & Zip
321-277-4400 Daytime T	elephone number
Ikiik@msn.com E-mail address: (to be used	d 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)

ARTICLE II	PRINCIPAL OFFICE					
	Principal <u>street</u> address Mailing address, if diffe			rent is:		
	111 Windsor Cresent Street		,	_		
	Winter Springs, FL 32708					_
						_
ARTICLE III	DITTOGE		ž	The second	23	
	which the corporation is organized is:		\$	6130	720	
	professional photography services to	customers in the	Central Florida	area	NO	- 51
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ARTICLE IV	SHARES				+:	
The number of sha					21	
The named of Six	a co or swork is.				-	
	INITIAL OFFICERS AND/OR DIRECTO					
	Fitle: Lia Clemens, President/Owner	Name and Title:_				_
Address:	111 Windsor Cresent Street					-
	Winter Springs, FL 32708	<del></del>	<del> </del>			_
		<del></del>				_
Name and T	Fitle:	Name and Title:				
Address:						_
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Address:	litie					
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ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	Lafeba maistand samt	:a.			
Name:	Lia Clemens	of the registered agent	is.			
Address:	111 Windsor Cresent Street					
	Winter Springs, FL 32708					
	, -					
	INCORPORATOR					
	dress of the Incorporator is:					
Name: Address:	Lia Clemens	<del></del>				
Address.	111 Windsor Cresent Street Winter Springs, FL 32708					
	Willies Opinigs, i E. 02700	<del>.</del>				
	ned as registered agent to accept service of proc				ignatea	l in
his certificate, I a	ım familjar with and accept the appointment as i	registered agent and agi	ree to act in this capa	city		
Lia	Clemens					
\$\frac{10}{2}		11/28/2011		_		
	Required Signature/Registered Agent			Date		
cubmit this dos	ument and affirm that the facts stated herein a	re true I am annae d	at the false informa	tion cubs	itted i	n 11
	ument and affirm that the facts stated herein o Department of State constitutes a third degree fel			w. 340#	mucu l	. 4
/ 1	///	, as provincing or are s				
Ma	( Vomena		11/28/	2011		
_	Required Signature/Incorporator		111201	Date		