

P12000093781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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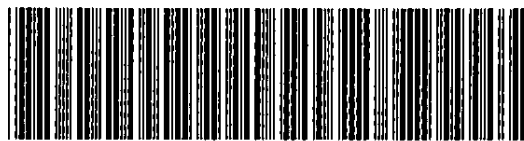
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV - 9 PM 12:09

FILED

J. Shivers NOV 13 2012

COVER LETTER

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

SUBJECT: LNO, CORP.

(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: NAHIL ODEH

Name (Printed or typed)

805 N. MASSACHUSETTS AVE UNIT#3

Address

LAKELAND, FL 33801

City, State & Zip

813-995-1277

Daytime Telephone number

nahilodeh@gmail.com

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)

ARTICLE I NAME

The name of the corporation shall be: **LNO, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
LNO, CORP.
805 N MASSACHUSETTS AVE UNIT#3
LAKELAND, FL 33801

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND THE
STATE OF FLORIDA**

ARTICLE IV SHARES

The number of shares of stock is: **1,500 SHARES OF NO PAR COMMON VOTING STOCK**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NAHIL ODEH - PRESIDENT
Address: 805 N. MASSACHUSETTS AVE
UNIT#3
LAKELAND, FL 33801

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: NAHIL ODEH
Address: 805 N. MASSACHUSETTS AVE UNIT#3
LAKELAND, FL 33801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NAHIL ODEH
Address: 805 N. MASSACHUSETTS AVE UNIT#3
LAKELAND, FL 33801

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

11/06/2012

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

11/06/2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV - 9 PM 12: 09

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