

P120000094586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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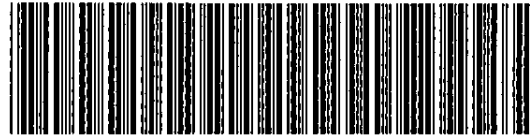
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/13/12--01032--022 **87.50

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12 NOV 13 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: LAKE REALTY REBATES, 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: STACY L. RAUB

Name (Printed or typed)

7823 LAUREL VIEW DRIVE

Address

MOUNT DORA, FLORIDA 32757

City, State & Zip

~~352-217-2384~~

407-790-0016

Daytime Telephone number

~~STACY.RAUB@YAHOO.COM~~

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

Lakerealtyrebates@gmail.com

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: LAKE REALTY REBATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7823 LAUREL VIEW DRIVE
MOUNT DORA, FL 32757

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STACY L. RAUB
Address: 7823 LAUREL VIEW DRIVE
MOUNT DORA, FL 32757

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:

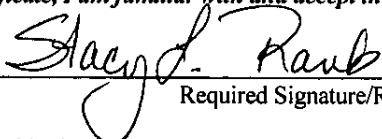
Name: STACY L. RAUB
Address: 7823 LAUREL VIEW DRIVE
MOUNT DORA, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

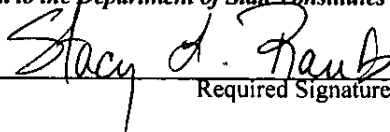
Name: STACY L. RAUB
Address: 7823 LAUREL VIEW DRIVE
MOUNT DORA, FL 32757

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

11-7-2012
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

11-9-2012
Date