P/2000/0272\

<u>.</u>					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone	#)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	e)				
(Document Number)					
Certified Copies Certificates	of Status				
Special Instructions to Filing Officer:					
	L L				

Office Use Only



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TILED

SECRETARY OF STATE

SHADAN OF STATE

W. G. C. S.

COVER LETTER

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

SUBJECT: LI-MI CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	inal and one (1) copy of the articles \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	of
20	02 Del Prado Bou	(Printed or typed) Ilevard S. Address	LAHASIEE, FLORIDA	12 DEC 19 PM 12: 15
2	City, 29-574-7442	State & Zip elephone number justice.com ✓		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2012

LUSK, DRASITES & TOLISANO, P.A. 202 DEL PRADO BLVD S CAPE CORAL, FL 33990

SUBJECT: LI-MI CORPORATION Ref. Number: W12000061958

We have received your document for LI-MI CORPORATION and your check(s) totaling \$1148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 512A00029608

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

the name of the	corporation shall be: LI-MI FAMIL	CORPORATION			
<u>ARTICLE II</u>	PRINCIPAL OFFICE				
	Principal <u>street</u> address 202 Del Prado Blvd, S.	Mailing a	address, if different is:		
	Cape Coral, FL 33990				
ARTICLE III	PURPOSE				
ne purpose for	which the corporation is organized is: to ever	ge in any activities or business permitted under the laws of	the United States of America and the Stele of Florida.		
ARTICLE IV	SHARES				
The number of sl	hares of stock is: One Hundred (100	0.00)			
ARTICLE V	INITIAL OFFICERS AND/OR DIR				
******	Title: Lisa L. Drasites, D/P 202 Del Prado Blvd. S.	Name and Title: Michael D			
Address:	Cape Coral, FL 33990	Address: 202 Del Pr			
	Cape Coral, FL 33880	Capa Con	al, FL 33990		
			<u> </u>		
Name and	Title:	Name and Title			
Address:		4 1 1	- 5 8 71		
Addiess.		Audi ess.	- 23 - T		
					
Name and	Title:	Name and Title:			
Address:			\$ - \to		
			<u> </u>		
			 		
ARTICLE VI	REGISTERED AGENT				
	Torida street address (P.O. Box NOT acce	ntable) of the registered agent is:			
Name:	Lisa M. Lusk	placie) of the registered agent is.			
Address:	202 Del Prado Blvd. S.	 _			
11401055.	Cape Coral, FL 33990				
ARTICLE VII	INCORPORATOR				
	ddress of the Incorporator is:				
Name:	Lisa L. Drasites				
Address:	202 Del Prado Blvd.	······································			
	Cape Coral, FL 33990				
aving been na. his certificate, I	med as registered agent to accept service of am familiar with and accept the appointment	f process for the above stated corp ent as registered agent and agree to	oration at the place designated act in this capacity		
	YTVOX		$\frac{ 2-1 -12}{\text{Date}}$		
	Required Signature/Registered A	gent	Date		
submit this do	cument and affirm that the facts stated he	rein are true. I am aware that the	false information submitted in		
locument to the	Department of State constitutes a third deg	ree felony as provided for in s.817.	155, F.S.		
1	XHYN)		12/11/12		
	Required Signature/Incorporate	or	Date		