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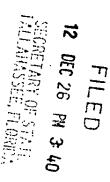
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL .		
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COVER LETTER

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

SUBJECT: LE	MKTG, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Lillian Elena Moya		April 1985
r Roivi.		(Printed or typed)	
8	3135 NW 164 Ter	race	· ·
 -	À	Address	
	Miami Lakes, FL 3	33016 State & Zip	
	305-640-5724	State & Zip	
	Daytime To	elephone number	
	illian.moya@ymail	.com	
	E-mail address: (to be used		notification)

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

大块的 机多性性线线

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

ARTICLE I	NAME	_	
The name of the	corporation shall be: LEMKTG, In	C.	
ARTICLE II	PRINCIPAL OFFICE		
<u>ARTICLE II</u>	Principal street address	Mailing	address, if different is:
	6039 Collins Avenue #1709	8135 NW 164 Terrace	address, if different is.
	Miami Beach, FL 33140	Miami Lakes, FL 33016	
		-	
ARTICLE III	PURPOSE	•	
The purpose for	which the corporation is organized is: 10 powers	is services including, but not fimiled to, merketing, graphic design, promotion, p	romotional events, intensctive reputation management for companies and
ARTICLE IV	SHARES		
The number of s	hares of stock is: 1,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	PCTOPC	
	Title: Lillian E. Moya - Executive Director		
Address:	8135 NW 164 Terrace	Address:	
radios.	Miami Lakes, FL 33016	11441055	
		Name and Title:	<u> </u>
Address:	15350 SW 11th Street	Address:	<u> </u>
	Miami, FL 33194		

Name and	Title:	Name and Title:	
Address:	1100.		7 2
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			港區 🕳
			5 6
· · · · · · · · · · · · · · · · · · ·	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name: Address:	8135 NW 164 Terrace		
Address.	Mlami Lakes. FL 33016	*************************************	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Lillian E. Moya		
Address:	8135 NW 164 Terrace		
	Mlami Lakes, FL 33016	<u></u>	
Havina heen na	med as registered agent to accept service of	of process for the above stated corn	poration at the place designated is
	am familiar with and accept the appointm		
1			12/19/2012
	Required Signature/Registered A	cent	Date
()	Required Signature/Registered A	20.11.	Date
I submit this do	cument and affirm that the facts stated he	erein are true. I am aware that the	e false information submitted in
	Department of State constitutes a third deg		
// /		· · · · · ·	
VV			12/19/2012
	Required Signature/Incorporate	or	Date