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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: **LEMKTG, 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: **Lillian Elena Moya**

Name (Printed or typed)

8135 NW 164 Terrace

Address

Miami Lakes, FL 33016

City, State & Zip

305-640-5724

Daytime Telephone number

lillian.moya@ymail.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: **LEMKTG, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6039 Collins Avenue #1709
Miami Beach, FL 33140

Mailing address, if different is:

8135 NW 164 Terrace
Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services including, but not limited to, marketing, graphic design, promotion, promotional events, interactive reputation management for companies and

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian E. Moya - Executive Director
Address: 8135 NW 164 Terrace
Miami Lakes, FL 33016

Name and Title: _____
Address: _____

Name and Title: Marisela Valdes - Executive Director
Address: 15350 SW 11th Street
Miami, FL 33194

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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MIAMI LAKES, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lillian E. Moya
Address: 8135 NW 164 Terrace
Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lillian E. Moya
Address: 8135 NW 164 Terrace
Miami Lakes, FL 33016

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

12/19/2012

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

12/19/2012

Date