

P130000003355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000241477790

11/05/12--01023--006 **78.75

FILED
13 JAN -9 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

440-51305 GMD 1/10

COVER LETTER

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

SUBJECT: Lillian Medina, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lillian Legarreta

Name (Printed or typed)

8901 NW 14 Street

Address

Pembroke Pines, FL 33026 4

City, State & Zip

33024

786-334-1300

Daytime Telephone number

lillianlegarreta@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2012

LILLIAN LEGARRETA
8901 N.W. 14TH STREET
PEMBROKE PINES, FL 33024

SUBJECT: LILLIAN MEDINA, INC.
Ref. Number: W12000056375

We have received your document for LILLIAN MEDINA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 412A00026951

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: LillianMedina, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8901 NW 14 Street
Pembroke Pines, FL 33026 4
33024

Mailing address, if different is:
8901 NW 14 Street
Pembroke Pines, FL 33026 4
33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 Common Shares at \$.0001 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian Legarreta, President and Director Name and Title: _____
Address: 8901 NW 14 Street Address: _____
Pembroke Pines, FL 33026 4
33024

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lillian Legarreta
Address: 8901 NW 14 Street
Pembroke Pines, FL 33026 4
33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lillian Legarreta
Address: 8901 NW 14 Street
Pembroke Pines, FL 33026 4 33024

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

Lillian Legarreta
Required Signature/Registered Agent

10/26/12
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.

Lillian Legarreta
Required Signature/Incorporator

10/26/12
Date