

P130000009064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

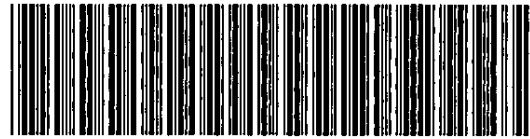
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500242897745

01/02/13--01007--011 **78.75

FILED
13 JAN 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-462

YMD 1/28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

LISA WITHERSPOON
5642 ROCKFIELD LOOP
VALRICO, FL 33596

SUBJECT: LFW CONSULTING, LLC
Ref. Number: W13000000462

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The title "Owner" in the officer/director section is not acceptable.

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
New Filing Section

Letter Number: 813A00000149

COVER LETTER

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

SUBJECT: **LFW Consulting, Incorporated**

(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: **Lisa Witherspoon**

Name (Printed or typed)

5642 Rockfield Loop

Address

Valrico, FL 33596

City, State & Zip

720-883-4671

Daytime Telephone number

withersp@usf.edu

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: LFW Consulting, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

5642 Rockfield Loop

Valrico, FL 33596

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide consulting services for content related to physical education and/or fitness.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Witherspoon, President

Address

5642 Rockfield Loop

Valrico, FL 33596

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

FILED
13 JAN 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 JAN 25 AM 11:11
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Lisa Witherspoon

Address:

5642 Rockfield Loop

Valrico, FL 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

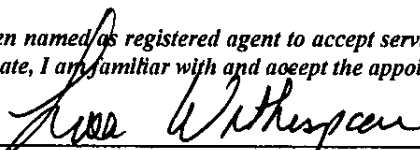
Lisa Witherspoon

Address:

5642 Rockfield Loop

Valrico, FL 33596

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

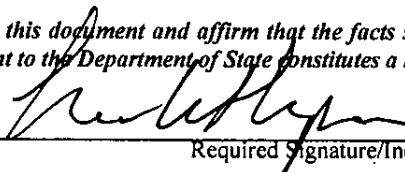


Required Signature/Registered Agent

1-21-13

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

1-21-13

Date