

PI3000009097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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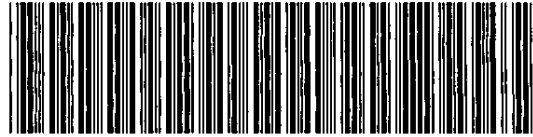
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: LAKE PLACID PAGEANTS 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: DAWN ZAHLLER
Name (Printed or typed)

PO BOX 2220
Address

LAKE PLACID, FL 33862
City, State & Zip

863-441-5024
Daytime Telephone number

michaelq5@live.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:

LAKE PLACID PAGEANTS, INC. FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

615 LAKE BLUE DRIVE
LAKE PLACID, FL 33852

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MAILING address, if different is: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAWN ZALLER-PRESIDENT

Name and Title: _____

Address: PO BOX 2220

Address: _____

LAKE PLACID, FL 33862

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: 13 JAN 25 PM 1: 22

Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DAWN ZAHLLER

Address: 615 LAKE BLUE DRIVE

LAKEPLACID, FL33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAWN ZAHLLER

Address: 615 LAKE BLUE DRIVE

LAKE PLACID, FL 33862

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

Dawn Zähler

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.

Dawn Zähler

Required Signature/Incorporator

1/21/13

Date