

P13000015924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

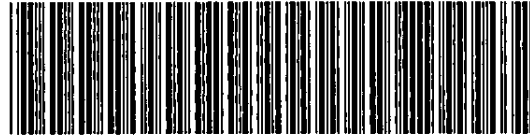
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W13 8825~~

Office Use Only



000244519810

02/11/13--01035--006 \*\*70.00

FILED

13 FEB 15 AM 3:12

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: L&M Relocation Services**

(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: Guery Iparraguirre**

Name (Printed or typed)

**3389 Sheridan Street #491**

Address

**Hollywood, Florida 33021**

City, State & Zip

**954-562-3079**

Daytime Telephone number

**Lmrelocation@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

February 12, 2013

GUERY IPARRAGUIRRE  
3389 SHERIDAN STREET #491  
HOLLYWOOD, FL 33021

SUBJECT: L&M RELOCATION SERVICES  
Ref. Number: W13000008825

We have received your document for L&M RELOCATION SERVICES and your check(s) totaling \$70.00. 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.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00003494

**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: L&M Relocation Services Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3389 Sheridan Street #491  
Hollywood, FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Relocation Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Guery Iparraguirre

Name and Title: \_\_\_\_\_

Address 3389 Sheridan Street #491  
Hollywood, FL 33021

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
13 FEB 15 AM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

FILED

13 FEB 15 AM 3:12

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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:

Guery Iparraguirre

Address:

3389 Sheridan Street #491

Hollywood, FL 33021

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

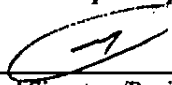
Guery Iparraguirre

Address:

3389 Sheridan Street #491

Hollywood, FL 33021

*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

02-13-13

\_\_\_\_\_  
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

02-13-13

\_\_\_\_\_  
Date