

P130000025417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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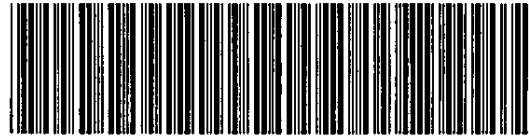
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 18 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LUMP INVESTMENTS 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: Lawanda Henton
Name (Printed or typed)

3330 NW 179 St
Address

MIAMI, FLORIDA 33056
City, State & Zip

954 2782785
Daytime Telephone number

Lumpinvestments@gmail.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: LUMP INVESTMENTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

3330 NW 179 St

MIAMI, FLA 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LUMP INVESTMENT IS

AN INVESTMENT COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAWANDA HENTON (President)

Address

3330 NW 179 St

MIAMI FL 33056

Name and Title: Aviel Wilkerson (V. President)

Address:

3295 NW 51st

MIAMI FL 33142

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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Name and Title: _____

Name and Title: _____

13 MAR 18 PM 1:38

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:

LAWANDA HENTON

Address:

3330 NW 179 ST
MIAMI FLA 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

LAWANDA HENTON

Address:

3330 NW 179 ST
MIAMI FLA 33056

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

LAWANDA HENTON
Required Signature/Registered Agent

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.

LAWANDA HENTON
Required Signature/Incorporator

Date