## P13000030810

(Requestor's Name)			
•			
(Address)			
(Address)			
(1001033)			
(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

1112-11,26



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FILED

13 APR -3 PM 2: 22

SECRETARY OF STATE

mD 4/4



March 19, 2013

LUIS A. GALVAN 7475 W. 29TH LANE HIALEAH, FL 33018

SUBJECT: L.G. CORPORATION Ref. Number: W13000016212

We have received your document for L.G. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name 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: 713A00006459

## **COVER LETTER**

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

SUBJECT:		L.					ces	CE	7.
•	(PROPOSED CORPO	RATE	ENAME-	- <u>Must</u> I	INCLUDE S	SUFFIX)		•	

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
		•	& Certificate of
			Status
		ADDITIONAL CO	NY BEALIBER

?∩M·	Luis A. Galvan  Name (Printed or typed)				
	7475 W 29th Lane				
	Address				
	Hialeah, FL. 33018				
	City, State & Zip				
	786-395-6494				
	Daytime Telephone number				
	galvanluis8487@att.net				
	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)

	NAME	L.A.G. Services
-	corporation shall be:	aa, ber pree,
RȚICLE II	Principal street address	Mailing address, if different is:
475 W 2	9th Lane	SECRE ALLEAH
lialeah, F	FL. 33018	HE A
RTICLE III he purpose for	PURPOSE which the corporation is organized is:	uction services FLORIDA 2: 22
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR  and Title: Luis A. Galvan President	<del></del>
ne number of sh RTICLE V  Name at  Address	INITIAL OFFICERS AND/OR DIRECTOR and Title: Luis A. Galvan President 7475 W. 29th Lane Hialeah, FL. 33018	Name and Title:
ne number of sh RTICLE V  Name at  Address	INITIAL OFFICERS AND/OR DIRECTOR and Title: Luis A. Galvan President 7475 W. 29th Lane Hialeah, FL. 33018	Name and Title: Address:  Name and Title:

Name and T	itle:	Name and Title:
Address		Address:
·		<del> </del>
	EGISTERED AGENT	
Name:	da street address (P.O. Box NOT acceptable) of LUIS A- GALVAN	AR AR T
Address:	7475 W 29th L	
_	HIALEAH, FL. 3301	8
	NCORPORATOR	2: 22 FLORIDA
The <u>name and addr</u>	ess of the Incorporator is:	
Name:	Luis A. Galvan	
Address:	7475 W. 29th Lane	
	Hialeah, Fl. 33018	
	familian with and accept the appointment as regi	3/13/13
	Required Signature/Registered Agent	Date
		rue. I am aware that the false information submitted in a
	Required Signature/Incorporator	