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COVER LETTER

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

SUBJECT: LAKE AREA SMALL Engine, Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Lake Apea Small Engine Name (Frinted or typed) 7333 Kyle STREET Unit / Address Key Horne Heights, FL 32652e City, State & Zip 352-473-1212				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

A ke area small engine @ Ymhos. Com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
ce with Chapter 607 and/or Chapter 621, F.S. (Profit)

	in compliance with Chapter 60	/ and/or Chapter 621, r.s. (Profit)
ARTICLE I NAME	on shall be: Lake Area Sma	Il Engine Inc	
The name of the corporatio	n shall be: LATERICA STA	in digital parties.	
	CIPAL OFFICE	3.6 131	13 MAY -9 AM II: 05
7333	rincipal street address	Maili	ng address if different is: TALLAHASSEE FI OPIO
Keyst	one Heights, FL 32656	· · · · · · · · · · · · · · · · · · ·	TALEMIASSEE FLORIDA
		<u></u>	
ARTICLE III PURPO	<u>OSE</u>	Alexa Tuly 18t	2013:
The purpose for which the	OSE corporation is organized is: 5th Service and parts	HETING SUIT I -) .	/n = 1
KetAil SALES,	, Service and parts	tor UNTOOR fow	er excipment.
		•	
	.=-		
ARTICLE IV SHAR The number of shares of sto	 .		
	·	rmo P.G	
Name and Title:	AL OFFICERS AND/OR DIRECT WAT DWEN HUSINA (I - OW	TORS Name and Title:	
Address: 73	39 SE5th AVE PROSE, FL 32644	Address:	
Me	PROSE, FL 32666		
			
		A . J . J	
Address:		Address:	
			
Name and Title		Name and Title:	
		4 4 4	
	STERED AGENT reet address (P.O. Box NOT accepta	shle) of the registered agent is	
			•
Address:	eRonica R. Owens 89 S. Lawrence, Bl	vd.	
_\	Keystone Heights,	FL32656	
	RPORATOR		
The <u>name and address</u> of Name:	the Incorporator is:		
	539 565 th AVE		
7	nblrose FL 32466		
Having been named as re	egistered agent to accept service of t	process for the above stated of	corporation at the place designated in
	liar with and accept the appointment		
Ulan J	$\rho \cap \rho$		11 19 12
1/1/1/ 70	Required Signature/Registered Age	nt	<u>4-19-13</u>
			Date
	nd affirm that the facts stated here ent of <u>St</u> ate constitutes a third degre		the false information submitted in a 817.155. F.S.
aocument to the Departme	sin of sque consumes a mira degre	e jewny us provideu jor in s.	0271203; Filst
2 soll	all		419-13
	Required Signature/Incorporator		Date