

P1300054541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

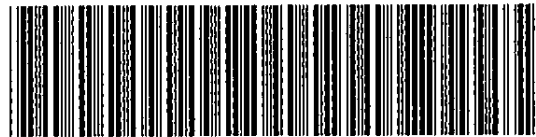
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 24 AM 11:38

Ps 6/25/13

COVER LETTER

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

SUBJECT: L & M SERVICE SOLUTIONS 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: Shelly Johnson

Name (Printed or typed)

11917 SW 38 Terr

Address

Miami, FL 33175

City, State & Zip

305-458-3473

Daytime Telephone number

juanshelly@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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

L & M SERVICE SOLUTIONS INC

13 JUN 24 AM 11:38

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11917 SW 38 Terr

Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Conduct legal business in the state of Florida**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Shelly Johnson, Pres/Sec/Tres**

Name and Title: _____

Address **11917 SW 38 Terr**

Address: _____

Miami, FL 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED (cont.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 24 AM 11:38

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Shelly Johnson
Address: 11917 SW 38 Terr
Miami, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shelly Johnson
Address: 11917 SW 38 Terr
Miami, FL 33175

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

Shelly Johnson
Required Signature/Registered Agent

6/19/2013
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.

Shelly Johnson
Required Signature/Incorporator

6/19/2013
Date