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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED

Ps sfal3

COVER LETTER

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

SUBJECT: LEHMANN DEVELOPMENT CORP
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John W. LEHMANN
Name (Printed or typed)

3396 HOLLY SPRINGS Rd
Address

HERNANDO BEACH, FL- 34607
City, State & Zip

352-593-7152
Daytime Telephone number

jwlehmann965@gmail.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
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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: LEHMANN DEVELOPMENT CORP

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3396 HOLLY SPRINGS Rd
HERNANDO BEACH, FL 34607

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To purchase real estate, make
and purchase materials for construction, To conduct
and carry on business of Builders and contractors for
the purpose of building, erecting, altering, repairing
or doing any work in connection with any class
of building improvements of any kind & nature
to include any work governed under his license

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOHN W. LEHMANN Pres.

Name and Title:

Address

3396 HOLLY SPRINGS Rd

Address:

HERNANDO BEACH, FL
34607

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(cont.)

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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: JOHN W. LEHMANN
Address: 3396 HOLLY SPRING RD
HERNANDO BEACH, FL 34607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN W. LEHMANN
Address: 3396 HOLLY SPRING RD
HERNANDO BEACH, FL
34607

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

John W. Lehmann
Required Signature/Registered Agent

8/9/13
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.

John W. Lehmann
Required Signature/Incorporator

8/9/13
Date