

P13000092287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

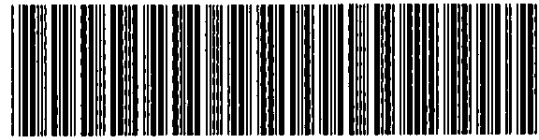
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF FILIANCING
2013 NOV 13 PM 1:49
TO ASSISTANT
SECRETARY OF FILING

RECEIVED
DEPARTMENT OF STATE
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2013 NOV 13 PM 2:01

Handwritten signature and date 11/13

COVER LETTER

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

SUBJECT: LTB STUCCO INT.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 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
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ADDITIONAL COPY REQUIRED

FROM: Randy Laforgue
Name (Printed or typed)

6831 Chertbourg Ave N.
Address

Jacksonville FL 32205
City, State & Zip

(850) 510-7121
Daytime Telephone number

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: L & B STUCCO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6831 Chieftain Ave N
Jacksonville, Fla. 32205

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SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Stucco & Stone

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randy Lafarge (Pres) Name and Title: _____

Address 6831 Chieftain Ave N Address: _____
Jacksonville Fl. _____
32205 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: Randy A LaLonge
 Address: 6831 Cherbourg Ave N.
Jacksonville FL 32205

13 NOV 13 PM 2:01
 SECURITY
 STATE
 TALLAHASSEE, FLORIDA
 APPRAISED
 FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randy A LaLonge
 Address: 6831 Cherbourg Ave N.
Jacksonville FL 32205

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

Randy LaLonge _____ 11-13-13
 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.

Randy LaLonge _____ 11-13-13
 Required Signature/Incorporator Date