

P/3000095588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

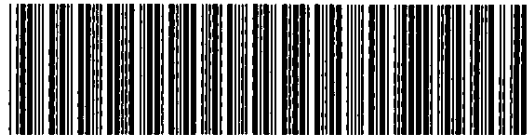
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253544534

11/25/13--01018--027 **87.50

FILED
13 NOV 25 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/26/13

COVER LETTER

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

SUBJECT: Lisa A Koenig, 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: Lisa A Koenig Inc.

Name (Printed or typed)

1730 S Federal Hwy #339

Address

Delray Beach, FL 33483

City, State & Zip

561-239-8243

Daytime Telephone number

lkoenig176@comcast.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)

ARTICLE I NAME

The name of the corporation shall be: Lisa A Koenig Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1730 S Federal Hwy #339

Delray Beach, FL 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Real Estate Services

13 NOV 25 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa A Koenig, Pres.

Name and Title: John C Koenig, Treasury

Address: 956 Evergreen Drive
Delray Beach, FL 33483

Address: 956 Evergreen Drive
Delray Beach, FL 33483

Name and Title: Danielle C Wise, Sec.

Name and Title: _____

Address: 956 Evergreen Drive
Delray Beach, FL 33483

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: Lisa A Koenig
Address: 956 Evergreen Drive
Delray Beach, FL 33483

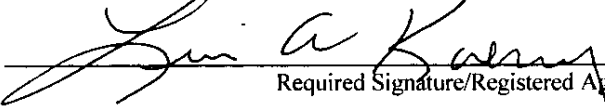
RECEIVED
13 NOV 25 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa A Koenig
Address: 956 Evergreen Drive
Delray Beach, FL 33483

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


Required Signature/Registered Agent

11/20/2013

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.


Required Signature/Incorporator

11/20/2013

Date