P1300096194

(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	/
Certified Copies	_ Certificates	s of Status;
Special Instructions to	Filing Officer:	
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Office Use Only

1213-62972



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11/12/13--01029--022 **78.75



A No

COVER LETTER

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

SUBJECT:	n ten tainmen	+	
-	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	JPY KŁŲUIKED
FROM:	Danny Lee Ho	e (Printed or typed)	
	152 NW Ray	Address Lan	<u>c</u>
B	not Saint Lity	State & Zip	4983
	7-4 0 10	0 H	

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

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2013

DANNY LEE HODRICK II 452 NW RAYMOND LANE PORT SAINT LUCIE, FL 34983

SUBJECT: L.O.L INCORPORATED

Ref. Number: W13000062972



We have received your document for L.O.L INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 013A00026353

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

ICLE II PR	INCIPAL OFFICE				
Principal street address		Mailing address, if different is:			
52 NW	Raymond				
	f Saint Lucie,				
•					
234983		-			
urpose for which	RPOSE the corporation is organized is:	rtainm	ent		
•					
······································			• • • • • • • • • • • • • • • • • • • •		
					
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				<u> 10</u> ₩	
				- 23	
	v			70	
ICLE IV SH	<u>IARES</u>			PH 12:	
TICLE IV SE	TARES of stock is:			PH 12: 52	
umber of shares o	of stock is: , , , , , , , , , , , , , , , , , , ,	 25		₩.	
umber of shares of	of stock is:	<u>_</u> '	A san and a	₩.	
TICLE V IN	if stock is:	Name and Title:	Director	₩.	
umber of shares of	if stock is:	Name and Title:	Director	₩.	7
TICLE V IN	if stock is:	Name and Title: Address:	Director	₩.	7
TICLE V IN	itial officers and/or director ite: Danny Hodrich II 452 NW Raymond	Name and Title: Address:	Director	12: 52	
TICLE V IN	itial officers and/or director ile: Danny Hodrich II 452 NW Raymond LN, Port Saint	Name and Title: Address:		12: 52	7
Name and Tit Address	itial officers and/or director ile: Danny Hodrich II 452 NW Raymond LN, Port Saint	Name and Title: Address:		12: 52	
Name and Tit Address	itial OFFICERS AND/OR DIRECTOR ile: Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34983	Name and Title: Address: Name and Title:		12: 52	
Name and Title Name and Title	itial officers and/or director ile: Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34483	Name and Title: Address: Name and Title:		12: 52	
Name and Title Name and Title	itial officers and/or director ile: Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34483	Name and Title: Address: Name and Title:		12: 52	
Name and Title Name and Title	itial officers and/or director ile: Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34483	Name and Title: Address: Name and Title: Address: Address:		12: 52	
Name and Titl Address Address	ITIAL OFFICERS AND/OR DIRECTOR The Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34983	Name and Title: Address: Name and Title: Address:		12: 52	
Name and Titl Address Address	ITIAL OFFICERS AND/OR DIRECTOR The Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34983 e:	Name and Title: Address: Name and Title: Address: Name and Title: Address:		12: 52	
Name and Titl Address Address	ITIAL OFFICERS AND/OR DIRECTOR The Danny Hodrich II 452 NW Raymond LN, Port Saint Lucic FL, 34983	Name and Title: Address: Name and Title: Address: Name and Title: Address:		12: 52	

(conti.)

A ASSESSMENT OF THE PROPERTY O	w g		
Name and T	Fitle:	Name and Title:	
Address		Address:	

	REGISTERED AGENT ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Danny Hodrick II		
	452 NW Raymond		
/	Port saint Lucic FL,	34983	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and addi</u>	ress of the Incorporator is:		
Name:	Danny Hodrick II	<u>-</u>	
Address:	452 NW Raymond L	N	
	Part Saint Lucie F	434983	
	d as registered agent to accept service of pro- familiar with and accept the appointment as		
Marie	Required Signature/Registered Agent		11-9-2013
	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein a partment of State constitutes a third degree fe		
Kapp	Required Signature/Incorporator		11-9-20/3 Date
• /			

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