

P1400003629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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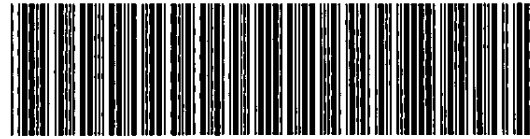
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 13 AM 9:44

W14-6427

2014-14-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

LORI POLACK
3900 NE 16TH PLACE
CAPE CORAL, FL 33909

SUBJECT: LHP INCORPORATED
Ref. Number: W14000006427

RECEIVED
14 FEB 13 PM 2:44
STATE
TALLAHASSEE, FLORIDA

We have received your document for LHP 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: 714A00002170

COVER LETTER

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

SUBJECT: LHP Incorporated
(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: Lori Polack
Name (Printed or typed)
3900 NE 16th Place
Address
Cape Coral, FL. 33909
City, State & Zip
786-376-1681
Daytime Telephone number
lorihp07@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)

ARTICLE I NAME

The name of the corporation shall be: LHP Remote Services incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3900 NE 16th place
CAPE CORAL, FL. 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Customer Service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LORI POLLOCK ^{Director &} _{President} Name and Title: _____

Address 3900 NE 16th PL Address: _____
CAPE CORAL, FL.
33909

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 FEB 13 AM 9:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

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: LORI POBACK

Address: 3900 NE 16th place

CAPE CORAL, FL 33909

ARTICLE VII INCORPORATOR

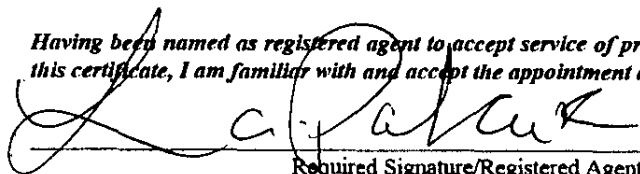
The name and address of the Incorporator is:

Name: LORI POBACK

Address: 3900 NE 16th place

CAPE CORAL, FL 33909

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

1/21/14
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

1/21/14
Date