

P/4000017463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

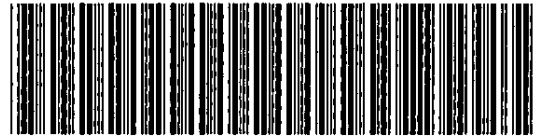
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/24/14--01017--014 **78.75

14 FEB 26 AM 10:01

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COVER LETTER

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

SUBJECT: LynnEilers 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: Lynn Eilers
Name (Printed or typed)
369 Third Street
Address
Atlantic Beach, FL. 32233
City, State & Zip
(916) 3465709
Daytime Telephone number
lynneilers@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: LynnEilers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

369 Third Street
Atlantic Beach, FL.
32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"professional corporation"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn Eilers Name and Title: _____

Address 369 Third st. Address: _____

Atlantic Beach, FL.

32233

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:

Lynn Eilers

Address:

369 Third Street
Atlantic Beach, FL. 32233

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CLERK OF COURT
JACKSONVILLE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: •

Name:

Lynn Eilers

Address:

369 THIRD street
Atlantic Beach, FL. 32233

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

Lynn Eilers

Lynn Eilers

Required Signature/Registered Agent

2/19/14

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.

Lynn Eilers

Required Signature/Incorporator

Lynn Eilers

2/19/14

Date