

2/27/2014 14:47:03 From: To: 8506176381

(1/2)

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000049047 3)))



H140000490473ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

14 FEB 27 PM 2:10

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
L AND F SITE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

14 FEB 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]
2/27/14

H14000049047 3

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 and F Site Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
20423 State Road 7
Suite F6-148
Boca Raton, FL 33498

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of Florida.

ARTICLE IV SHARESThe number of shares of stock is 200 Common**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Josephine Rajaratnam, Director</u>	Name and Title: _____
Address: <u>20423 State Road 7</u>	Address: _____
<u>Suite F6-148</u>	_____
<u>Boca Raton, FL 33498</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: Josephine Rajaratnam
Address: 20423 State Road 7, Suite F6-148
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josephine Rajaratnam
Address: 20423 State Road 7, Suite F6-148
Boca Raton, FL 33498

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

Josephine Rajaratnam
Required Signature/Registered Agent

2-26-2014
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.

Josephine Rajaratnam
Required Signature/Incorporator

2-26-2014
Date

H14000049047 3