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COVER LETTER

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

SUBJECT: LLD, CSR, Inc.	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	-
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	
Filing Fee Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED	
FROM: LAURA L. D'OR'O Name (Printed or typed)	D
1380 PINE RIDGE CIRCLE East, UNIT	D
Tarpon Springs, FL 34688 City, State & Zip	
630-202-1891 Daytime Telephone number	
LLDORIO@AOL.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)

RTICLE II PI	RINCIPAL OFFICE Principal street address	Mailing ad	Mailing address, if different is:	
LLD, CSR	,Inc.			
_	RIDGE CIR. E. UNIT	В		
	SPRINGS FL 34688			
RTICLE III PU he purpose for which Court re	repose the corporation is organized is: (porting in the St	Carrying on a law rate of Florida	ful business	
	J			
			<u> </u>	
		- Adapting and Ada		
			28 355E	
	HARES of stock is: 100 Shares UTIAL OFFICERS AND/OR DIR		Z8 PN 2: 29	
RTICLE V IN		ECTORS	M 2:	
RTICLE V II	IITIAL OFFICERS AND/OR DIR	ECTORS Preside Name and Title:	M 2:	
RTICLE V IN	utial officers and/or dir ide: Laura L. D'ORio-	ECTORS Preside Name and Title:	M 2:	
RTICLE V IN	OTTIAL OFFICERS AND/OR DIR ide: Laura L. D'ORIO- 1380 PINE RIDGE C	Preside Name and Title:	M 2:	
Name and To	HTIAL OFFICERS AND/OR DIR HE: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B	Preside Name and Title: Tir. E. Address:	PM 2: 29	
Name and To	ITIAL OFFICERS AND/OR DIR Ide: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B Tarpon Springs, F	Preside Name and Title: Tip. E. Address: 2 34688 Name and Title:	PN 2: 29 PR 7: 11E PR 7: 12E PR 7: 12E	
Name and Tandaress Name and Tandaress	ITTIAL OFFICERS AND/OR DIR ide: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B Tarpon Springs, F	Preside Name and Title: Tip. E. Address: 2 34688 Name and Title:	PN 2: 29 PR 7: 11E PR 7: 12E PR 7: 12E	
Name and Tandaress Name and Tandaress	ITTIAL OFFICERS AND/OR DIR ide: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B Tarpon Springs, F	Preside Name and Title: Tip. E. Address: 2 34688 Name and Title:	PM 2: 29	
Name and To Address Name and To	ITTIAL OFFICERS AND/OR DIR ide: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B Tarpon Springs, F	Presidentame and Title: Presidentame and Title: Address: Name and Title: Address:	PN 2: 29 PRINTERSON	
Name and To Address Name and To	ITTIAL OFFICERS AND/OR DIR itle: Laura L. D'ORIO- 1380 PINE RIDGE C UNIT B Tarpon Springs, F	Preside Name and Title: Preside Name and Title: Address: Name and Title: Address:	PN 2: 29 PRINTERSON	

Name a	nd Title: Name and Title:	
Addres	Address:	
RTICLE VI he name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is	s:
lame:	LAURA L. D'ORIO	₩.c. •••
.ddress:	1380 PINE RIDGE CIR. E. UNIT B	
	1380 PINE RIDGE CIR. E. UNIT B Tarpon Springs FL 34688	MAR 28
RTICLE VII	INCORPORATOR	
e <u>name and a</u>	ddress of the Incorporator is:	2: 2 10 A
Name:	LAYRA L. D'ORIO	ů ú
Address:	1380 PINE RIDGE CIP. E. UNIT B	
	Tarpon Springs Fc 34688	
aving been na is certificate, I	med as registered agent to accept service of process for the above stated am familiar with and accept the appointment as registered agent and agr	corporation at the place designated are to act in this capacity
Laura	L. D'Orio	3-24-14
***************************************	Required Signature/Registered Agent	Date
ubmit this do cument to the	cument and affirm that the facts stated herein are true. I am aware tha Department of State constitutes a third degree felony as provided for in s.	t the false information submitted in 817.155, F.S.
\circ	L D'Orio	3-24-14
	Required Signature/Incorporator	Date