

P1900000A0731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

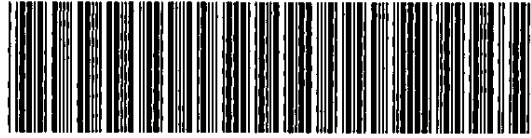
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500259789385

05/07/14--01007--007 **87.50

FILED
14 MAY -7 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Gary Lalonde & Associates, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gary Lalonde
Name (Printed or typed)
105 Pulsipher Ave., Unit 404
Address
Coca Beach, FL 32931-5119
City, State & Zip
1-586-206-1637
Daytime Telephone number
GARY@GARYLALONDE.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: Gary Lalonde & Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 Pulsipher Ave., Unit 404

Coca Beach, FL 32931-5119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promotional & Motivational Speaking to Public and Business Sector

ARTICLE IV SHARES 60,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Lalonde, Officer

Name and Title: _____

Address 105 Pulsipher Ave., Unit 404

Address: _____

Coca Beach, FL 32931-5119

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 MAY -7 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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:

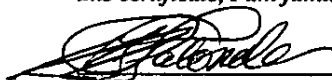
Name: Gary Lalonde
 Address: 105 Pulsipher Ave., Unit 404
Coca Beach, FL 32931-5119

ARTICLE VII INCORPORATOR

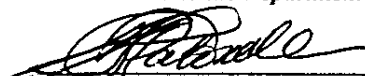
The **name and address** of the Incorporator is:

Name: Gary Lalonde
 Address: 105 Pulsipher Ave., Unit 404
Coca Beach, FL 32931-5119

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

 Gary Lalonde 11/26/2013
 Required Signature/Registered Agent 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.

 Gary Lalonde 11/26/2013
 Required Signature/Incorporator Date

FILED
 14 MAY -7 AM 8:12
 SECRETARY OF STATE
 TALAHASSEE FLORIDA