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(Re	equestor's Name)	<u>.                                    </u>		
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SEGRETARY OF STATE
ALLESTE FLORIDA

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## **COVER LETTER**

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

SUBJECT: L&Z	Z Express Incorpo	orated			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					

Status ADDITIONAL COPY REQUIRED

FROM: Aleksandr Zaicev			
Name (Printed or typed)			
2919 Vista Ct			
Address			
Kissimmee, FL 34744			
City, State & Zip	<del></del>		
407-288-6315	7.0	·	
Daytime Telephone number		4	
liminaluda58@mail.ru		HAY	Ш
E-mail address: (to be used for future annual report notification)		29	
	元公 元	7	
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NOTE: Please provide the original and one copy of the article	s. 🛶 🛶	C/N	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2014

ALEKSANDR ZAICEV 2919 VISTA CT KISSIMMEE, FL 34744

SUBJECT: L&Z EXPRESS INCORPORATED

Ref. Number: W14000029874

14 HAY 29 M ID 3

We have received your document for L&Z EXPRESS 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 514A00010120

TA MAY 29 MH 9 54
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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a Law
<u> </u>
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Address Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Aleksandr Zaicev	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Aleksandr Zaicev	
Address: 2919 Vista Ct	
Kissimmee, FL 34744	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Aleksandr Zaicev	
Address: 2919 Vista Ct	
Kissimmee, FL 34744	
Having been named as registered agent to accept service of process for the above stated corporation at the plathis certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity and accept the appointment as registered agent and agree to act in this capacity.	city
	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	on submitted in a
Sall 4/29/	2014
Required Signature/Incorporator	Date

