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COVER LETTER

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

SUBJECT: L5 ELECTRONICS SYSTEMS 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: DEB YOUNG
Name (Printed or typed)

6549 STATE RD 33
Address

CLERMONT FL 34714.
City, State & Zip

321-634-2778
Daytime Telephone number

MICKANDLYN @ G.MAIL.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: L5 ELECTRONICS SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

DEB YOUNG.
6549 STATE RD 33
CLERMONT FL 34714

Mailing address, if different is:

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SALES AND MANUFACTURING OF ELECTRONIC EQUIPMENT.

ARTICLE IV SHARES
The number of shares of stock is: TEN THOUSAND.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEB YOUNG / PRESIDENT
Address: 6549 STATE RD 33, CLERMONT, FL 34714

Name and Title: FRED EICHELBERGER V.P.
Address: 6549, STATE RD 33, CLERMONT, FL 34714

Name and Title: MICHAEL S. KEMP / TRES.
Address: 16639 CITRUS PKWY, CLERMONT, FL 34714
DIRECTOR

Name and Title:
Address:

Name and Title: BRYCE DUPREE
Address: 15 NORTH VAN BUREN, SAN ANGELO, TX 76901

Name and Title:
Address:

(conti.)

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: DEB YOUNG.

Address: 6549 STATE RD 33
CLERMONT FL 34714

ARTICLE VII INCORPORATOR

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

Name: MICHAEL S. KEMP

Address: 16639 CITRUS PARKWAY
CLERMONT FL 34714.

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

Deb Young 7/9/14
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.

Required Signature/Incorporator 7/9/14.
Date