

PK4000059834

(Requestor's Name)

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(City/State/Zip/Phone #)

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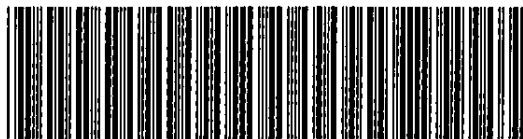
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MD 7/15

COVER LETTER

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

SUBJECT: LS 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

MICK AND LYN @ 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

Mailing address, if different is:

DEB YOUNG.
6549 STATE RD 33
CLERMONT FL 34714

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES AND MANUFACTURE
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 Name and Title: V.P. FRED EICHEZBERGER

Address: 6549 STATE RD 33 Address: 6549, STATE RD 33
CLERMONT CLERMONT,
FL 34714 FL 34714

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

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

(cont.)

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

Debra Young
Required Signature/Registered Agent

7/9/14
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.

[Signature]
Required Signature/Incorporator

7/9/14
Date