

P14 0000 69/63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

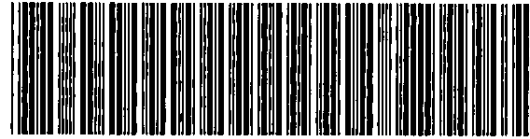
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B 8/19/14



300261289153

08/14/14--01023--021 **78.75

14 AUG 14 PM 4:09

SECRETARY GENERAL
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: **LCV Investment 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: **Maria Margarita Castro Gonzalez**

Name (Printed or typed)

2810 Concord Rd.

Address

De Land, Fl. 32720

City, State & Zip

386 473-2799

Daytime Telephone number

maria.gonzalez0304@gmail.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: LCV Investment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Rua Consolacao 2984 apt #71 Bairro Cerqueira Cesar Sao Paulo Brazil

Mailing address, if different is:

2810 Concord Rd. De Land, FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Purchase of investment properties

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Margarita Castro Gonzalez President

Name and Title: _____

Address

Rua Consolacao 2984 apt #71 Bairro Cerqueira Cesar Sao Paulo Brazil

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

14 AUG 14 PM 4:10

RECEIVED
DIVISION OF REVENUE
TAX DEPARTMENT
STATE OF 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: Maria Margarita Castro Gonzalez
Address: 2810 Concord Rd. De Land, FL.32720

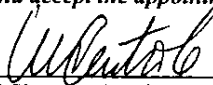
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Margarita Castro Gonzalez
Address: 2810 Concord Rd. De Land, FL.32720

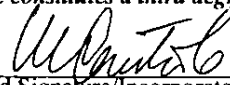
RECEIVED
DIVISION OF CORPORATIONS
AUG 14 PM 4:10

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


Required Signature/Registered Agent

8/2/2014
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

8/2/2014
Date