

PI4000075551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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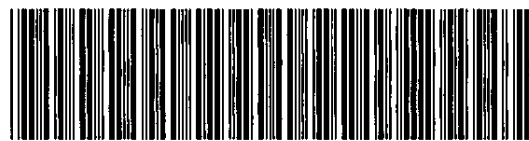
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP 11 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 9/12

COVER LETTER

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

SUBJECT: Anderson-Lannen Corporation
(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: Nicole Fischer
Name (Printed or typed)

1609 Reynard Drive
Address

Ft. Myers, FL 33919
City, State & Zip

239-297-0931
Daytime Telephone number

colie1013@comcast.net
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: Anderson-Lannen Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

11609 Reynard Drive
Ft. Myers, FL 33919

Mailing address, if different

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diane Fischer
President
Address: 11609 Reynard Dr.
Ft. Myers, FL 33919

Name and Title: Joshua Anderson
President
Address: 11609 Reynard Dr.
Ft. Myers, FL 33919

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Timothy Moffitt, Esq.
Address: 1570 Shadowlawn Dr.
Naples, FL 34104

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SECRETARY OF STATE
ALLAHACSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole R. Fischer
Address: 1609 Reynard Dr.
 Ft. Myers, FL 33919

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

Tim M. S.
Required Signature/Registered Agent

9-4-14
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.

Nicole R. Fischer
Required Signature/Incorporator

9-4-14
Date