

PIA000095017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

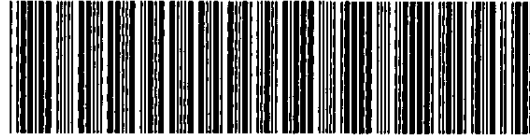
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/21/14--01020--012 \*\*78.75

2014 NOV 21 PM 5:15  
14 NOV 21 PM 5:15  
14 NOV 21 PM 5:15

**COVER LETTER**

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

**SUBJECT: L&L From Management, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: Kirsten Kappus**

Name (Printed or typed)

**1275 Barclay Blvd**

Address

**Buffalo Grove, IL 60089**

City, State & Zip

**877-894-0073**

Daytime Telephone number

**kirsten.kappus@sta-is.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: L&L From Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

902 NW 7th Street

Okeechobee, FL 34972

Mailing address, if different is:

PO Box 1209

Okeechobee, FL 34973

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: management company

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda From/Director

Address PO Box 1209

Okeechobee, FL 34973

Name and Title: LaMar From/Director

Address: PO Box 1209

Okeechobee, FL 34973

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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FILED  
CLERK OF DISTRICT COURT  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI, 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: Linda From  
Address: 902 NW 7th Street  
Okeechobee, FL 34972

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linda From  
Address: PO Box 1209  
Okeechobee, FL 34973

*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*

Linda From  
Required Signature/Registered Agent

11-14-2014  
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.*

Linda From  
Required Signature/Incorporator

11-14-2014  
Date