

P15000006426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

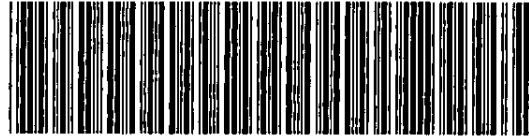
(Document Number)

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

Special Instructions to Filing Officer:

W15-2871

Office Use Only



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01/12/15--01016--005 \*\*78.75

15 JAN 20 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

W15-2871

## COVER LETTER

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

**SUBJECT: LLL SERVICES COMPANY**

(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: LEK LLESHI**

Name (Printed or typed)

**5221 SAINT AUGUSTINE RD**

Address

**JACKSONVILLE, FLORIDA 32207**

City, State & Zip

**904-448-4011**

Daytime Telephone number

**lll@services.us**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2015

LEK LLESHI  
5221 SAINT AUGUSTINE RD  
JACKSONVILLE, FL 32207

SUBJECT: LLL SERVICES COMPANY  
Ref. Number: W15000002871

We have received your document for LLL SERVICES COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00000850

## AFFIDAVIT

STATE OF FL

COUNTY OF Duval

LEK LLESHI being duly sworn according to law, deposes and attests under penalty of perjury to the following:

I, LEK LLESHI, of 5221 SAINT AUGUSTINE RD, of the City of JACKSONVILLE, State of FL, being first duly sworn on oath, state that:

1. I am over 18 years of age and competent enough to testify of my own knowledge of the facts stated herein.
2. All the facts stated by me herein are true, correct and complete to the best of my knowledge and understanding.
3. I, LEK LLESHI release and forever discharges the rights to reinstate LLL Services Co. and seeks the State of Florida to grant Corporation status to LLL Services Company, in consideration of check number 1104, dated 1/7/2015 on Chase Bank in the amount of seventy-eight (\$78.75) dollars and seventy-five cents. I have included Exhibit A of the check and Exhibit B for the corporate filings.

(Printed Name of Affiant) LEK LLESHI

(Signature of Affiant) \_\_\_\_\_

(Address of Affiant) 5221 SAINT AUGUSTINE RD, JACKSONVILLE, FL 32207

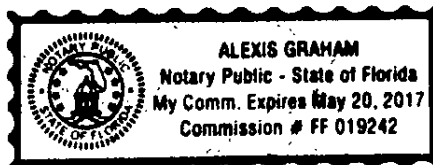
### NOTARY CERTIFICATION

SWORN to and subscribed before me, this the 21<sup>st</sup> day of January, 2015.

Alexis Graham  
NOTARY PUBLIC

My Commission Expires:

May 20, 2017



**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: LLL SERVICES COMPANY

15 JAN 20 PM 12:54

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5221 SAINT AUGUSTINE RD

JACKSONVILLE

FLORIDA 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000SHARES@1.00PAR

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

Name and Title: LEK LLESHI/PRESIDENT

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

Address 5221 ST. AUGUSTINE RD

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

JACKSONVILLE

FLORIDA 32207

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED (cont.)

Name and Title: \_\_\_\_\_ Name and Title: 15 JAN 20 PM 12:54

Address \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LEK LLESHI  
Address: 5221 SAINT AUGUSTINE RD  
JACKSONVILLE, FLORIDA 32207

**ARTICLE VII INCORPORATOR**

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

Name: LEK LLESHI  
Address: 5221 SAINT AUGUSTINE RD  
JACKSONVILLE, FL. 32207

*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*

Leh Stern

Required Signature/Registered Agent

1/7/15

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.*

Leh Stern

Required Signature/Incorporator

1/17/15

Date