

P/SU0000/4/50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

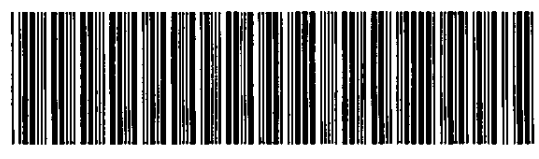
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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15 FEB -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 11 2015
S. GILBERT

COVER LETTER

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

SUBJECT: LAE-LAH 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LaShawn L. Gill

Name (Printed or typed)

2179 Tealwood Circle

Address

Tavares, FL 32778

City, State & Zip

434.426.2226

Daytime Telephone number

drgill@lashawnlewis.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: LAE-LAH Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2179 Tealwood Circle

Tavares, FL

32778

Mailing address, if different is:

P.O. Box 742

Tavares, FL

32778

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide personal and professional development
trainings and/or guidance to individuals and companies; as well as; create, publish,
and implement materials for resale (i.e. therapeutic books, stuffed toys, etc.)

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaShawn L. Gill, President/CEO

Address 2179 Tealwood Circle

Tavares, FL

32778

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: LaShawn L. Gill

Address: 2179 Tealwood Circle
Tavares, FL 32778

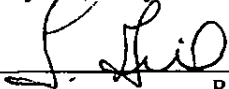
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaShawn L. Gill

Address: 2179 Tealwood Circle
Tavares, FL 32778

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

1/27/15
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.


Required Signature/Incorporator

1/27/15
Date