

PIS000015346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

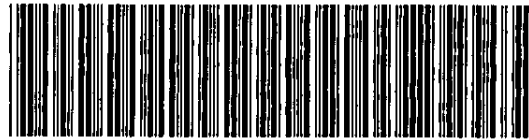
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200268085252

01/12/15--01016--006 \*\*78.75

FILED  
15 FEB 16 PM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WAS-2875

## COVER LETTER

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

SUBJECT: **LLL SERVICES AND SUPPLY 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      ☒ \$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: **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.**

## 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 and Supply Co. and seeks the State of Florida to grant Corporation status to LLL Services and Supply Company, in consideration of check number 1314, 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)

*Leke Lleshi*

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

FILED  
15 FEB 16 11 9:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### NOTARY CERTIFICATION

SWORN to and subscribed before me, this the 21<sup>st</sup> day of January, 2016.

*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)

**ARTICLE I    NAME**

The name of the corporation shall be:

**LLS SERVICES AND SUPPLY COMPANY**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**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: \_\_\_\_\_

(cont.)

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: LEK LLESHI

Address: 5221 SAINT AUGUSTINE RD  
JACKSONVILLE, FLORIDA 32207

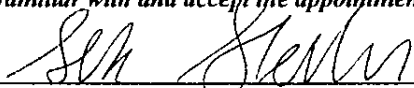
**ARTICLE VII INCORPORATOR**

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*



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.*



Required Signature/Incorporator

1/7/15

Date

FILED  
15 FEB 16 PM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA