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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LKS INVESTMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

801305

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2015 FEB 17 AM 9:32
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2/19/15

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COVER LETTER

H15000041175

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

SUBJECT: **LKS INVESTMENT 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
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: **JORGE A LOPEZ-ACCOUNTANT-ACCT# 15423**
Name (Printed or typed)

13701 SW 88 STREET SUITE 200A
Address

MIAMI FL 33186
City, State & Zip

305 388 8406
Daytime Telephone number

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: LKS INVESTMENT INC

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address: 414S BUENA VISTA AVENUE
ORLANDO FL 32835
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE

ARTICLE IV SHARES 100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LINDA SOSA-GARCIA-PRESIDENT</u>	Name and Title:	_____
Address:	<u>414S BUENA VISTA AVENUE</u> <u>ORLANDO FL 32835</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

FILED
2015 FEB 17 AM 9:32
SECRETARY OF STATE
ORLANDO, FLORIDA

(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: LINDA SOSA-GARCIA
 Address: 414S BUENA VISTA AVENUE
ORLANDO FL 32835

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LINDA SOSA-GARCIA
 Address: 414S BUENA VISTA AVENUE
ORLANDO FL 32835

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 responsibilities of a registered agent and agree to act in this capacity

x _____ 02/16/15
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true and 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 4.817.155, F.S.

x _____ 02/16/15
 Required Signature/Incorporator Date