

PISOUU 35287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

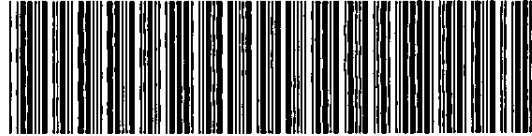
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 17 2015

T. SCOTT



200271696792

04/16/15--01007--001 **70.00

15 APR 15 PM 12:01

COVER LETTER

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

SUBJECT: LONNIEDOS 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: Lonnedos Inc

Name (Printed or typed)

2514 Allwood Ave

Address

Valrico, FL 33596

City, State & Zip

813-480-7819

Daytime Telephone number

Info@larrycuppett.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: **LONNIEDOS INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2514 Allwood Ave

Valrico, FL 33596

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Web based sales and services**
as permitted under the laws of the United States or the
State Of Florida.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Lonnie Randall, Pres**

Name and Title: _____

Address: **2514 Allwood Ave**

Address: _____

Valrico, FL 33596

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

15 APR 16 PM 12:01

(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:

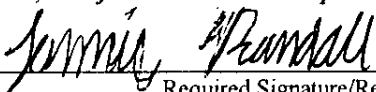
Name: Lonnie Randall
Address: 2514 Allwood Ave
Valrico, FL 33596

ARTICLE VII INCORPORATOR

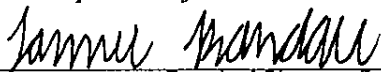
The **name and address** of the Incorporator is:

Name: Lonnie Randall
Address: 2514 Allwood Ave
Valrico, FL 33596

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

 04/08/15
Required Signature/Registered Agent 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.

 04/08/15
Required Signature/Incorporator Date