

(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:

WI SUND 25510
Per con Versntub on
OS/21/15 Space between
Enka Lynn



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04/06/15--01028--012 **78.75

15 HAY 27 MH 10: 46



April 13, 2015

ERIKA L. EVANS 3568 COCOPLUM CIRCLE COCONUT CREEK, FL 33063

SUBJECT: LYNN ENTERPRISES INC

Ref. Number: W15000025510

We have received your document for LYNN ENTERPRISES INC 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 915A00007272

COVER LETTER

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

SUBJECT:	Erika Lynn En	terprises Inc.	2			
	(PROPOSID CORPORA	TENAME - MUST INCL	UDE 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	CI \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	C1 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
			eriori din communicati dell'Art's incommunicati			
FROM:	<u>Erika</u>	Evans (Printed or typed)				
	3568 Ca	Octoplum Civ	cle			
Coconut Creek, FL 33063						
	954 - Daytime 1	91e0-2474 Teiephone number				
	E-mail address: (to be use	enter prises i	nc@ gmail.com			

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)

ame of the corporat	WIDAI OFFICE			
	VCIPAL OFFICE Principal <u>street</u> address	M	uling address, if different in	
3568(Scoplan Circle			
	Creek, FL 33063			
ICLE III PURI	POSE A		4. Cal bus seen	
outhose tor wineti ii	ne corporation is organized is:	14 will will 1	WEALANT TYTETH V. 2001	
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TCLE IV SHA	RES stock is: 100			
number of shares of	stock is: 100			
number of shares of states	stock is: 100 TAL OFFICERS AND/OR DIRECT	President Name and Title:_		E
number of shares of states	TAL OFFICERS AND/OR DIRECT EVANS TO 3568 Complum (President Name and Title:_ reale Address:		
number of shares of states	stock is: 100 TAL OFFICERS AND/OR DIRECT	President Name and Title:_ reale Address:		
number of shares of states	TAL OFFICERS AND/OR DIRECT EVANS TO 3568 Complum (President Name and Title:_ reale Address:		, , , , , , , , , , , , , , , , , , ,
Name and Title Address	TAL OFFICERS AND/OR DIRECT EVANS TO 3568 Complum (President Name and Title:		2 ,
Name and Title Address	Erika L. Evans 3568 Cocoplum (Cononut Creck, FL	President Name and Title: Name and Title: Name and Title:		
TCLE V INT Name and Title Address Name and Title:	Erika L. Evans 3568 Cosophum C Conomut Creck, FL	President Name and Title: Name and Title: Name and Title:		
TCLE V INT Name and Title Address Name and Title:	Erika L. Evans 3568 Cocoplum (Cononut Creck, FL	President Name and Title: Name and Title: Name and Title: Address:		
Name and Title Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECT Erika L. Evans 3568 Cosophum (Conomut Creck, FL	President Name and Title: Name and Title: Name and Title: Address:		1
Name and Title: Address Name and Title: Address	TAL OFFICERS AND/OR DIRECT ETIKA L. Evans 3568 Cooplum () Commut Creck, FL	President Name and Title: Name and Title: Name and Title: Address: Name and Title:		2
Name and Title Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECT Erika L. Evans 3568 Cosophum (Conomut Creck, FL	President Name and Title: Name and Title: Name and Title: Address: Name and Title:		2

Name and	Title: Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT
The name and Flo	arida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Erika L. Evans
Address:	3568 Coca plum Circle
	Coamut Creek, Fl. 33003
ARTICLE VII	INCORPORATOR
The name and ad	dress of the Incorporator is.
Name:	Erika L. Evans
Address:	3568 Cocoplium Circle
	Cononist Creek FL 33063
	ned as registered agent to accept service of process for the above stated corporation at the place designated in am familiar with and accept the appointment as registered agent and agree to act in this capacity Required: Signature/Registered Agent
I ambusie skie dan	
	innent and affirm that the facts stated herein are true. I am aware that the false information submitted in a \sim Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
P-11	Required Signature/Incorporator 3/28/2015
	Sequired Signature strong stro