

P15000051845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JUN 12 PM 4:33
STATE
OF FLORIDA

cmd 6/16

COVER LETTER

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

SUBJECT: Llama John's Corporation

(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: John Welch

Name (Printed or typed)

412 Park Lake Drive

Address

Winter Springs, Florida 32708

City, State & Zip

(407) 476-8442

Daytime Telephone number

llamajohnsco@gmail.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: Llama John's Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

412 Park Lake Drive

Winter Springs, Florida 32708

Mailing address, if different is

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To purchase merchandise and resell said merchandise to the public
and to engage in any other lawful activity for which corporations may be incorporated by 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: John Welch, CEO

Name and Title: _____

Address 412 Park Lake Drive

Address: _____

Winter Springs, Florida 32708

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: John Welch _____

Address: 412 Park Lake Drive _____

Winter Springs, Florida 32708 _____

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STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

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

Name: John Welch _____

Address: 412 Park Lake Drive _____

Winter Springs, Florida 32708 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: n/a. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/01/2015

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

06/01/2015

Date