

PI5000052327

(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

JUN 18 2015

T. SCOTT



800273723848

06/12/15--01007--013 **87.50

15 JUN 12 PM 12:20

COVER LETTER

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

SUBJECT: Lyndsay Waske, 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 ☐ \$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: Lyndsay Waske
Name (Printed or typed)

29301 SW 193rd Court
Address

Homestead, FL 33030
City, State & Zip

786-255-0494
Daytime Telephone number

LMW012@bellsouth.net
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: Lyndsay Woske, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1850 Old Dixie Hwy
Homestead, FL. 33033

29301 SW 193 Ct.
Homestead, FL. 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to legally
protect me in my business and properly
handle my taxes while being an insurance
agent.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 JUN 12 PM 12:20

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: LYNDISAY WOSKE
Address: 29301 SW 193 ct
Homestead, FL 33030

ARTICLE VII INCORPORATOR

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

Name: LYNDISAY WOSKE
Address: 29301 SW 193 ct
Homestead, FL 33030

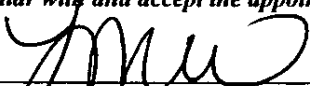
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/7/2015. (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

6/7/2015
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

6/7/2015
Date