P15000079805

(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

400277477464

09/28/15--01002--025 **70.00

RECEIVED
DEPARTMENT OF STATE
15 SEP 28 AM 11:42
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 SEP 28 AM 11:52

09/28/15

COVER LETTER

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

SUBJECT: LaCora & Company 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: LaCora & Company Inc.
Name (Printed or typed)

P.O. Box 61
Address

Tallahassee, Florida. 32302
City, State & Zip

850 508 2411
Daytime Telephone number

lacora@lacora and Company.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: LaCora & Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2801 Chancellorsville Drive
Unit 1004
Tallahassee, Florida. 32312

Mailing address, if different is:
P.O. Box 61
Tallahassee, FL. 32302-0061

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Event Planning

15 SEP 28 AM 11:52

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaCora Handsford-CEO
Address: P.O. Box 61
Tallahassee, FL. 32302
850 508 2411

Name and Title: LaCora Handsford-Founder
Address: P.O. Box 61
Tallahassee, FL. 32302
850 508 2411

Name and Title: Christopher B. Levens Jr. President
Address: P.O. Box 61
Tallahassee, FL 32302
850 228 9307

Name and Title: LaCorey Levens - Vice President
Address: P.O. Box 61
Tallahassee, FL. 32312
850 228 9378

Name and Title: Lewis Handsford - Manager
Address: P.O. Box 61
Tallahassee, FL. 32302
850 508 2411

Name and Title: Temberly Mitchell-Ass. Manager
Address: P.O. Box 61
Tallahassee, FL. 32302
229 726 0664

(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: LaCora Handsford

Address: 2801 Chancellorsville Dr. Unit 1004
Tallahassee, FL. 32312

15 SEP 28 AM 11:52

ARTICLE VII INCORPORATOR

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

Name: LaCora Handsford

Address: 2801 Chancellorsville Dr. Unit 1004
Tallahassee, FL. 32312

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

_____ 9-28-15
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.

_____ 9-28-15
Required Signature/Incorporator Date