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# 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

***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

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***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