

P 15000095372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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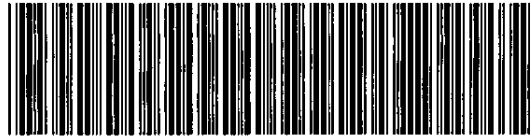
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/15--01015--016 **78.75

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15 NOV 17 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/1/15

COVER LETTER

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

SUBJECT: LG Developing Corp

(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: Giselle Lobaina Fernandez-Rubio

Name (Printed or typed)

10746 SW 7st

Address

Miami, FL, 33174

City, State & Zip

(786)3702216

Daytime Telephone number

lobainagi@gmail.com

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
RECEIVED

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NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE 11/13/15

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: LG Developing Corp

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10746 SW 7 ST Miami, FL, 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LG Developing Corp will provide case management services to
persons with mental health disorders.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giselle Lobaina Fernandez-Rubio

Name and Title: _____

Address 10746 SW 7st Miami, FL, 33174

Address: _____

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: Giselle Lobaina Fernandez-Rubio

Address: 10746 SW 7 st Miami Fl 33174

ARTICLE VII INCORPORATOR

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

Name: Giselle Lobaina Fernandez-Rubio

Address: 10746 SW 7st Miami, Fl, 33174

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/13/2015 (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

Gobaina

Required Signature/Registered Agent

11/13/2015

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.

Gobaina

Required Signature/Incorporator

11/13/2015

Date