

P 15000096775

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

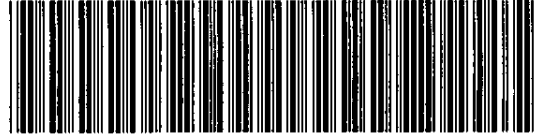
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(Document Number)

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15 DEC -2 PM 3:48  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

12/4/15

## COVER LETTER

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

**SUBJECT:** LSM CPA Firm, P.A.

**(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:** Lissage Monbrun, CPA

Name (Printed or typed)

20081 NW 13th ct

Address

Miami, FL 33169

City, State & Zip

305 219 0060

Daytime Telephone number

lsmcpa@gmail.com

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

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

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15 DEC -2 PM 3:48

Note: Please expedite  
as current lease  
is dependant on  
form being filed.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 DEC -2 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 18, 2015

LISSAGE MONBRUN, CPA  
20081 NW 13TH CT  
MIAMI, FL 33169

SUBJECT: LSM CPA FIRM, P.A.  
Ref. Number: W15000075729

We have received your document for LSM CPA FIRM, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00024394

FILED  
15 DEC -2 PM 3:48  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: LSM CPA Firm, P.A.

15 DEC -2 PM 3:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

20081 NW 13th Ct

Miami, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide accounting, tax and consulting services.

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: \_\_\_\_\_

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: Sherleene Monbrun  
Address: 20081 NW 13th Ct  
Miami, FL 33169

**ARTICLE VII INCORPORATOR**

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

Name: Lissage Monbrun  
Address: 20081 NW 13th Ct  
Miami, FL 33169

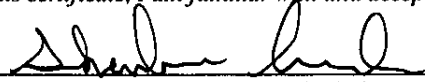
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15 DEC -2 PM 3:48  
ALLIANT STATE  
FIDELITY & BOND

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: (Effective Immediately) (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

11/18/15  
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

11/18/15  
Date