

P/6000008701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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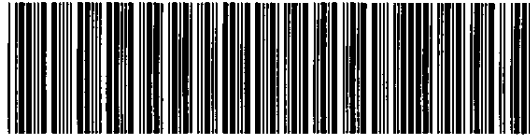
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 21 PM 2:25

2 02/01/16

COVER LETTER

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

SUBJECT: LMF & T 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: THOMAS JENDRYSIK

Name (Printed or typed)

20710 ANDIRON PLACE

Address

ESTERO, FL 33928

City, State & Zip

239-498-8124

Daytime Telephone number

TJENDRYSIK@comcast.net

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

EIN: 65-1156135

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: LMF & T Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20710 ANDIRON PLACE

ESTERO FL 33928

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: (10,000) shares of common stock at one c

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda M Fisher (President)

Address: 20710 Andiron Place

Estero FL 33928

Name and Title: Thomas Jendrysik (Vice-President)

Address: 20710 Andiron Place

Estero FL 33928

Name and Title: Linda M Fisher (Treasurer)

Address: 20710 Andiron Place

Estero FL 33928

Name and Title: Thomas Jendrysik (Secretary)

Address: 20710 Andiron Place

Estero FL 33928

Name and Title:

Address:

Name and Title:

Address:

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INCORPORATIONS

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: Thomas Jendrysik

Address: 20710 Andiron Place

Estero FL 33928

ARTICLE VII INCORPORATOR

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

Name: Linda M Fisher

Address: 20710 Andiron Place

Estero FL 33928

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Thomas Jendrysik
Required Signature/Registered Agent

1-19-16
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.

Linda M. Fisher
Required Signature/Incorporator

1-19-16
Date