

P16000021587

(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



700283080087

03/09/16--01007--015 **70.00

RECEIVED
16 MAR -9 PM 1:13
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

RECEIVED
16 MAR -9 PM 1:20
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

MAR -9 2016

PROBATE

COVER LETTER

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

SUBJECT: LLB 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: Lonnie BRAZELL
Name (Printed or typed)

4248 Sheldon Place
Address

NEWPORT RICHEY FL 34652
City, State & Zip

813-812-0030
Daytime Telephone number

WWW.BRAZELLBADBOY@AOL.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: LLB INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4248 Sheldon Place
NEW PORT RICHEY FL 34652

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all Lawful
Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louise Brazell President Name and Title: _____

Address 4248 Sheldon Pl Address: _____
New Port Richey Fl
34652

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: LOWNIE BRAZELL

Address: 4248 Sheldon Pl

New Port Richey FL 34652

ARTICLE VII INCORPORATOR

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

Name: LOWNIE BRAZELL

Address: 4248 Sheldon Pl

New Port Richey FL 34652

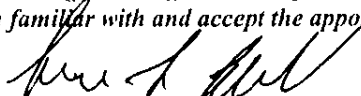
ARTICLE VIII EFFECTIVE DATE:

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

(If an effective date is listed, the date must be specific and must 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

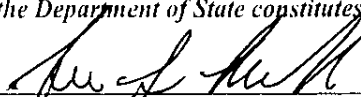


Required Signature/Registered Agent

3-9-16

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.



Required Signature/Incorporator

3-9-16

Date