

P/6000025072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

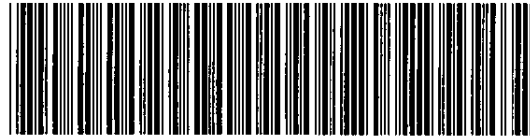
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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<505,691,4002, >

Office Use Only



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03/01/16--01003--006 \*\*78.75

FILED  
STATE  
FEB 29 2016  
10:15 AM

W16-017716

03/21/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2016

LUZ AMADY GUZMAN  
18199 COCHRAN BLVD.  
PORT CHARLOTTE, FL 33948

SUBJECT: LMG FLOOR INSTALLATION  
Ref. Number: W16000017716

We have received your document for LMG FLOOR INSTALLATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00004882

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 18 AM 11:16

RECEIVED

COVER LETTER

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

SUBJECT: LMG Floor installation  
(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:

Name (Printed or typed)

Luz AMANDY GORMAN  
Address

18199 Cochran Blvd Port Charlotte #1  
City, State & Zip 33948

941-4675394  
Daytime Telephone number

Jessenyazbarra29@gmail.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: LMG Floor Installation Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18199 Cochran Blvd  
Port Charlotte FL 33948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Floor installation  
company

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Name and Title: President

Address: 18199 Cochran Address:   
Bldg Port Charlotte  
FL 33948

Name and Title: President Name and Title:

Address: 18199 Cochran Address:   
Bldg Port Charlotte  
FL 33948

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: LUZ AMANDY GUZMAN  
Address: 18199 COCHTAN BLVD  
PORT CHARLOTTE FL 33948

**ARTICLE VII INCORPORATOR**

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

Name: LUZ AMANDY GUZMAN  
Address: 18199 COCHTAN BLVD  
PORT CHARLOTTE FL 33948

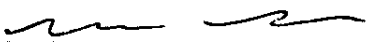
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2-24-2016 (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

2-24-2016  
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

2-24-2016  
Date