PILOCOSSCYS

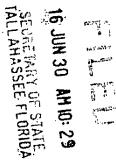
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT:	Lisa Lac I.		JAC 1
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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:	L'ISA Lee ILI Name		ـــــــــــــــــــــــــــــــــــــ
	12259 Longu	ich Lalle Ci Address	ru _
	Brader ton City,	FL 3421 State & Zip	<u>'/</u>
_	941 794- Daytime 7	5472/ Telephone number	
_	MLDoSIE all E-mail address: (to be use	JAHOO, COM d for future annual report i	notification)

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



June 22, 2016

LISA LEE KING 12259 LONGVIEW LAKE CIRCLE BRADENTON, FL 34211

We have received your document for LISA LEE INTERIORS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the address of the Registered Agent and Incorporator.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 516A00013110

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

ARTICLE I NAME The name of the corporati	ion shall be:	Lu In	teriors	Incorporat
ARTICLE II PRINC	IPAL OFFICE Principal street address		Mailing address	, if different is:
Bradenter	gvice lake Gra DL 34211	de :	54me	
	SE ne corporation is organized is:	_	r design	r business/
				16 JUN 30
ARTICLE IV SHARE The number of shares of shares		TORS		AN ID: 29 Y OF STATE SEE FLORIDA
Name and Title	LISG King Dra	Sident Name and	Title:	
Address /	12259 Conguian Gradenten F	<u> </u>		
Name and Title:		Name and	Title:	
Address		Address:		
Name and Title:	-	Name and	Title:	
Address	· · · · · · · · · · · · · · · · · · ·			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo Name: L136 Kinc Address: 12259. Longe GALLAGET	ox NOT acceptable) of the registered agent is: Vicu Lake Grue PL 34211
The name and address of the Incorporator is: Name:	SECRETARY OF ALLIAHASSEE F
Address: 12259 Long Bridgeton	TL 342/1
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be days after the filing.)	(OPTIONAL) be specific and cannot be more than five business days prior or 90 busin
Note: If the date inserted in this block does no the document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be list ent of State's records.
	cept service of process for the above stated corporation at the place design he appointment as registered agent and agree to act in this capacity
Required Signature/	Registered Agent L/10/1C
I submit this document and affirm that the fa	acts stated herein are true. I am aware that the false information submittees a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	4/16/16 Date
$\mathcal O$	