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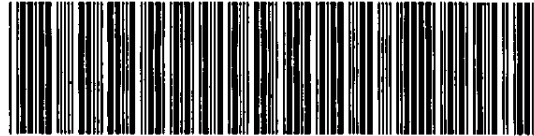
(Business Entity Name)

(Document Number)

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COVER LETTER

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

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SUBJECT: LEXRAE INVESTMENTS, 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: WINTHROP CREESE
Name (Printed or typed)

13241 LA MIRADA CIRCLE
Address

WELLINGTON, FL 33414
City, State & Zip

561-214-1281
Daytime Telephone number

wcreese04@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: LEXRAE INVESTMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
13241 LA MIRADA CIRCLE
WELLINGTON, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUY & SELL REAL ESTATE,
and for the purpose of engaging in any
activities or business permitted under the
laws of the United States of America and
the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WINTHROP CREESE PRESIDENT
Name and Title: _____

Address: 13241 LA MIRADA CIR Address: _____
WELLINGTON, FL
33414

Name and Title: LISA CREESE VP Name and Title: _____

Address: 13241 LA MIRADA CIR Address: _____
WELLINGTON, FL
33414

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: WINTHROP CREESE
Address: 13241 LA MIRADA CIR
WELLINGTON, FL 33414

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: WINTHROP CREESE
Address: 13241 LA MIRADA CIR
WELLINGTON, FL 33414

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

Winthrop Creese 8-8-16
Required Signature/Registered Agent 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.

Winthrop Creese 8-8-16
Required Signature/Incorporator Date