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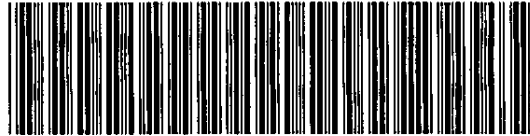
(Business Entity Name)

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SUBJECT: LHR BY NATASHA ENTERPRISES, 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: NATASHA GRIZZARD

Name (Printed or typed)

4433 LEILA AVE

Address

TAMPA, FL 33616

City, State & Zip

813-786-5495

Daytime Telephone number

NATASHA.GRIZZARD@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: LHR BY NATASHA ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4433 LEILA AVE

TAMPA, FL 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE NATURE OF THE BUSINESS & THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED,
PROMOTED OR CARRIED ON ARE TO ENGAGE IN ANY OR ALL LAWFUL BUSINESS FOR WHICH THE
CORPORATIONS MAY BE INCORPORATED UNDER FLORIDA GENERAL CORPORATION ACT.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATASHA GRIZZARD, PRESIDENT

Name and Title: _____

Address 4433 LEILA AVE

Address: _____

TAMPA, FL 33616

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: NATASHA GRIZZARD _____

Address: 4433 LEILA AVE _____

TAMPA, FL 33616 _____

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ARTICLE VII INCORPORATOR

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

Name: NATASHA GRIZZARD _____

Address: 4433 LEILA AVE _____

TAMPA, FL 33616 _____

ARTICLE VIII EFFECTIVE DATE: 08/08/2016

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



Required Signature/Registered Agent

08/08/2016

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

08/08/2016

Date