

P16000070414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

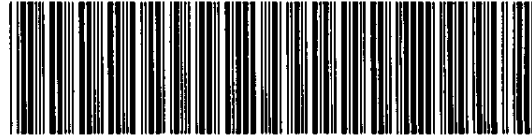
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000287431440

07/11/16--01038--012 **78.75

note - 52683

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG - 8 AM 9:19

FILED

*7/14
8/25/16*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

LOUD CAPITAL FUNDING INC
2224 W COLUMBIA AVE
KISSIMMEE, FL 34741

SUBJECT: LOU CAPITAL FUNDING
Ref. Number: W16000052683

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

IN ARTICLE 1, THE ENTITY NAME IS MISSING.(DO NOT FORGET TO ADD INC., CORP.,ETC. AT THE END).ALSO, ON TEH LAST PAGE , THE REGISTERED AGENT & INCORPORATOR SIGNATURES ARE MISSING. PLEASE SIGN THEN RETURN.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 316A00015911

RECEIVED
16 AUG -8 PM 3:12
TALLAHASSEE, FLORIDA

FILED
16 AUG -8 AM 9:19
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LOU CAPITAL FUNDING

(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: LOU CAPITAL FUNDING INC

Name (Printed or typed)

2224 W COLUMBIA AVE

Address

KISSIMEE, FL 34741

City, State & Zip

407-557-2777

Daytime Telephone number

loucapitalfunding@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:

Low Capital Funding Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2224 W Columbia Ave

Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Financial Services and Investment Opportunities

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ursule J Pierre

Name and Title: ~~XXXXXXXXXX~~

Address Business Development Manager

Address:

2224 W Columbia Ave

Kissimmee, FL 34741

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: Ursule Jean-Pierre
Address: 2224 W Columbia Ave
Kissimmee FL 34741

ARTICLE VII INCORPORATOR

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

Name: Ursule Jean-Pierre
Address: 2224 W Columbia Ave
Kissimmee, FL 34741

FILED
16 AUG -8 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/6/2016 (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

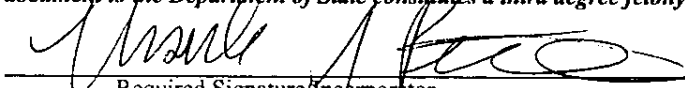


Required Signature/Registered Agent

7/6/2016

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

7/6/2016

Date