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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG 29 AM 11:28

09/07/16

## COVER LETTER

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

**SUBJECT:** LenSchae 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:** Darlene-Lenhart Schaeffer

Name (Printed or typed)

620 S. Water St

Address

Monticello, Fl 32344

City, State & Zip

904-200-1257

Daytime Telephone number

dlenhartschaeffer@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: LenSchae Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

620 S. Water St

Monticello, Fl 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Examination Services

**ARTICLE IV SHARES**

The number of shares of stock is: 1 share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Darlene-Lenhart Schaeffer CEO

Name and Title: \_\_\_\_\_

Address

620 S. Water St

Address: \_\_\_\_\_

Monticello, Fl 32344

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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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: Ronald E. Schaeffer  
Address: 620 S. Water St  
Monticello, Fl 32344

**ARTICLE VII INCORPORATOR**

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

Name: Darlene-Lenhart Schaeffer  
Address: 620 S. Water St.  
Monticello, Fl 32344

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**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*

*Ronald E Schaeffer*  
\_\_\_\_\_  
Required Signature/Registered Agent

*8/27/2016*  
\_\_\_\_\_  
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.*

*Darlene Lenhart Schaeffer*  
\_\_\_\_\_  
Required Signature/Incorporator

*8/27/2016*  
\_\_\_\_\_  
Date