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PICK-UP	<b></b> WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only

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FILING CANCELLED RETURNED CHECK

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#### **COVER LETTER**

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

SUBJECT:	La Cora & (	ompany Inc	UNE CHECIVY
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal 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 CO	DPY REQUIRED
FROM:	LaCora & Compa Name P.O. Box 61	ny Inc. e (Printed or typed)	
	<del>-</del>	Address	
	Tallahassee	e Florida. 3 State & Zip	32302
	850.508		
		raard Compared for future annual report	V. Com

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

10.17.16

### FILING CANCELLED RETURNED CHECK

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## EIN#: 80 028 2018 FILING CANCELLED RETURNED CHECK

ARTICLES OF INCORPORATION

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

2016 OCT 17 PM 2: 25

The name of the corporation shall be:   aCora & Compan   nc	ALEANASMIN TEORING
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2608 Hemmingwood PL P.O	Box 61
Tallahassee, Florida 32312 Tal	lahassee, Florida. 32302.
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Any lawfur	business
,	
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: LaCora Hands ford Name and Title	e:
Address Founder CEO Address:	
P.O. Box Cel	
Tayahasser, FL. 32302	
Name and Title: Christopher B. Levens Jr. Name and Titl	
Address President Address:	Vice President
P.O. Box 61	P.O. Box 61
Tayahassee FL. 32302	Tarahassee, FL. 32302
Name and Title: Lewis B. Hards ford Name and Titl	. Temberly 1. Mitchell
Address Manager Address:	Assistant Manager
PO Box 61	P.O. BOX 61
Tayahassee, FL. 32302	Taylahasseg FL 32302

## FILING CANCELLED RETURNED CHECK

Name and Title:	Name and Title:	
Address	Address:	
		• .
		PP-1
	•	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	1943
Name: LaCora Hardsfor		D 65 60
Do Box 61		20 8
	202	
Tayahassee, FL 32	<u> </u>	
ARTICLE VII INCORPORATOR		2 2
		25
The <u>name and address</u> of the Incorporator is:	Shad	•
Name: La Cora Harde	stora.	
Address: T.O. Box 61	<u> </u>	
Address: P.O. Box 61 Tallahassee to 3	32302	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	ic and cannot be more than five busin	L) less days prior or 90 business
days after the filing.)	ic and cannot be more than 1140 busin	ess days prior or 20 business
Note: If the date inserted in this block does not meet the	ne applicable statutory filing requiremen	nts, this date will not be listed as
the document's effective date on the Department of Sta	te's records.	
Having been named as registered agent to accept serv	ice of process for the above stated corp.	oration at the place designated in
this certificate, tan fortilin with and after the appoint	ntment as registered agent and agree to	act in this capacity
		10.17.16
Required signature/Register	ed Agent	Date
I submit this document and affirm that the facts state		
document to the Department of State constitutes a third	i aegree.jeiony as proviaea jor in s.817,	155, F.S. /k 1→ 11
Required Signature/Incorporator		10.11.16 Date
required angulature incorporator		; Date