

PI6UW 85799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

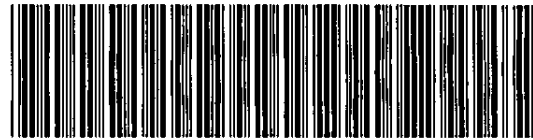
Special Instructions to Filing Officer:

Office Use Only

W16UW 68439

OCT 26 2016

T. SCOTT



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10/04/16--01011--003 **78.75

OCT 21 AM 11:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 OCT 21 PM 12:33

REGISTRATION
BUREAU OF COMMERCIAL
INFORMATION SERVICES

October 5, 2016

LAWRENCE PARZYGNET
6617 WOODS ISLAND CIRCLE, #104
PORT SAINT LUCIE, FL 34952

SUBJECT: LP SALES MANAGEMENT CORPORATION
Ref. Number: W16000068439

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

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 816A00021488

COVER LETTER

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

SUBJECT: LP SALES MANAGEMENT CORPORATION
(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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Lawrence Parzygnat
Name (Printed or typed)

6617 Woods Island Circle, #104
Address

Port Saint Lucie, Florida 34952
City, State & Zip

(863) 801-1487
Daytime Telephone number

parzygnat784@bellsouth.net
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: LP SALES MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6617 Woods Island Circle, #104

Port Saint Lucie, Florida 34952-1468

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell automotive accessories wholesale to car dealerships and car washes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Parzygnat PST

Name and Title: _____

Address

6617 Woods Island Circle, #104

Address: _____

Port Saint Lucie, Florida 34952

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

OCT 21 AM 11:29

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: Lawrence Parzygnat

Address: 6617 Woods Island Circle, #104

Port Saint Lucie, Florida 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence Parzygnat

Address: 6617 Woods Island Circle, #104

Port Saint Lucie, Florida 34952

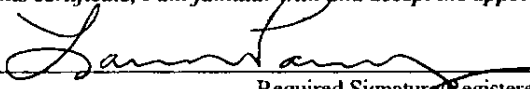
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2017 (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

10-18-16
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

10-18-16
Date