

P16000094934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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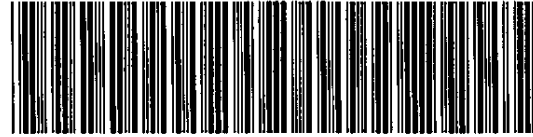
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE
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12/02/16

COVER LETTER

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

SUBJECT: LIGHTNING CITY KENNELS 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: RONALD DARRIGO

Name (Printed or typed)

4504 N ARMENIA AVENUE

Address

TAMPA FLORIDA 33603

City, State & Zip

813-877-5548

Daytime Telephone number

RDARRIGO@DDJLAWFIRM.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: LIGHTNING CITY KENNELS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4504 N ARMENIA AVENUE

TAMPA, FLORIDA 33603

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DOG BREEDING

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONALD D DARRIGO

Address 4504 N ARMENIA AVENUE
TAMPA, FLORIDA 33603

Name and Title: PRESIDENT

Address: 2921 W COACHMAN
TAMPA, FLORIDA 33611

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: RONALD D DARRIGO

Address: 4504 N ARMENIA AVENUE

TAMPA, FLORIDA 33603

ARTICLE VII INCORPORATOR

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

Name: RONALD DARRIGO

Address: 4504 N ARMENIA AVENUE

TAMPA, FLORIDA 33603

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOVEMBER 3, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

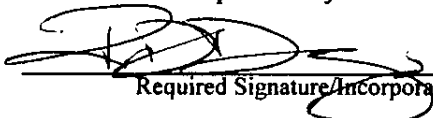


Required Signature/Registered Agent

11-3-16

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

11-3-16

Date