

P17000001295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

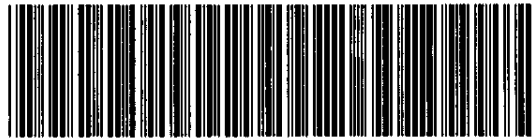
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700294012737

01/09/17--01001--015 **70.00

~~700294012737~~
~~01/09/16 01001--002 **70.00~~

FILED
17 JAN -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

RECEIVED
DEPT. OF REVENUE
17 JAN -6 PM 2:40

1-6
KB

La Cora Handford &
Lacora & Company Inc.

has no intentions of
reinstating

Lacora & Company Co.

[Signature]

FILING CANCELLED
RETURNED CHECK

P15 0000 79805

01-06-17

COVER LETTER **FILING CANCELLED**
RETURNED CHECK

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

SUBJECT: LaCora & Company Inc. 800282018 ^{EIN}
(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: LaCora & Company Inc.
Name (Printed or typed)
P.O. Box 61
Address
Tallahassee Florida 32302
City, State & Zip
850.508.2411
Daytime Telephone number
lacora@lacoraandcompany.com
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
RETURNED CHECK

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:

LaCora & Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2608 Hemmingwood Pl
Tallahassee, Fl. 32312

P.O. Box 6/
Tallahassee, Fl. 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Event Planning

FILED
17 JAN -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaCora Handsford - Founder - CEO

Address: P.O. Box 6/
Tallahassee Fl 32302

Name and Title: Lewis Handsford - Manager

Address: P.O. Box 6/
Tallahassee, Fl. 32302

Name and Title: Temberly Mitchell - Assistant Manager

Address: P.O. Box 6/
Tallahassee, Fl. 32302

Name and Title: Christopher Levens Jr. - President

Address: P.O. Box 6/
Tallahassee, Fl. 32302

Name and Title: LaCorey Levens - Vice President

Address: P.O. Box 6/
Tallahassee, Fl. 32302

FILING CANCELLED RETURNED CHECK

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: LaCorra Handford
Address: 2608 Hemmingswood PL
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaCorra Handford
Address: P.O. Box 61
Tallahassee, FL 32302

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1.6.17 (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

[Signature]
Required Signature/Registered Agent

1.6.17
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.

[Signature]
Required Signature/Incorporator

1.6.17
Date