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#### FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE

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### FILING CANCELLED RETURNED CHECK

**Department of State Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (850) 245-6052

#### To Whom It May Concern:

I am writing this letter to inform you that I have no intentions of re-instating the administrative dissolve corporation, LSR Management & Consulting, Inc., document number P15000016397.

Sincerely,

LuWanna Riles (Formerly "Clarke")

#### **COVER LETTER**

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

### FILING CANCELLED RETURNED CHECK

SUBJECT: LSR Management (PROPOSED CORPORATE	nt & Consu e name - <u>must inclu</u>	ulting, Inc
Enclosed are an original and one (1) copy of the artic	les of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: LuWanna S. R.  Name (  18087 NW 41st C  And  Miami Gardens, City, S  (305) 502-248  Daytime Te  181 Management of E-mail address: to be yield	tddress  FL 33055  State & Zip  Dephone number	Om 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: LSR Ma	inagement & Consulting, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
18087 NW 415+C+ Miami Gardens, FL 33055	P.D. Box 693936 Miami, FL 33269
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	A latter All of the
	TANCELLED  TALLAHASSEL FLORI SIAI  ORI SIAI  ORI SIAI  ORI SIAI
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECT  Name and Title: LUWanna Riles  Address 18087 NW 415+ C	TORS  Pres/Name and Title:  Address:
Name and Title:Address	Name and Title: Address:
Name and Title:Address	Name and Title: Address:

## FILING CANCELLED RETURNED CHECK

Address:  Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
	<del></del>
Name: LuWanna Riles  Address: 18087 NW 41st Ct  Miami Gardens, FL 33055	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
The <u>name and address</u> of the Incorporator is:	
Name: LuWanna Riles	
Address: 18087 NW 415+ C+	
Miami Gardens, FL 33055	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 03 07 17 . (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 liste the document's effective date on the Department of State's records.	d as
the document's effective date on the Department of State 3 records.	
Having been named as registered agent to accept service of process for the above stated corporation at the place designathis certificated am familiar with and accept the appointment as registered agent and agree to act in this capacity    A	ted in
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted	l in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.    A	