

PI7000053078

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PICK-UP WAIT MAIL

(Business Entity Name)

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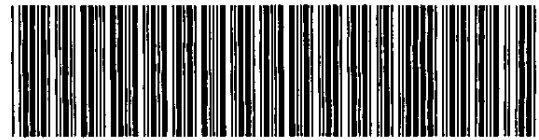
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JUN 21 2017

T. SCOTT



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN 12 AM 8:46



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

L & G ENTERPRISE, INC.
566 SUMMIT DR
ORANGE PARK, FL 32073

SUBJECT: L & G ENTERPRISE, INC.
Ref. Number: W17000027358

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 JUN 12 AM 11:45

RECEIVED

We have received your document for L & G ENTERPRISE, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L00000013735-L.G. ENTERPRISES, LLC,

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: 817A00006151

COVER LETTER

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

SUBJECT: Les-Gina Enterprise, 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: Les-Gina Enterprise, Inc.

Name (Printed or typed)

566 Summit Dr.

Address

Orange Park, FL 32073

City, State & Zip

904-626-5928

Daytime Telephone number

crstwmn@g-mail.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: Les-Gina Enterprise, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 566 Summit Dr
Orange Park, Fl. 32073
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN 12 AM 8:46
FILED

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shs

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Lester L Wells, Director</u>	Name and Title:	_____
Address	<u>566 Summit Dr</u> <u>Orange Park, Fl 32073</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	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: Lester L. Wells
 Address: 566 Summit Dr.
 Orange Park, FL. 32073

ARTICLE VII INCORPORATOR

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

Name: Lester L. Wells
 Address: 566 Summit Dr.
 Orange Park, FL 32073

ARTICLE VIII EFFECTIVE DATE:

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

[Signature] _____ 3-25-17
 Required Signature/Registered Agent 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] _____ 3-25-17
 Required Signature/Incorporator Date