

P17000071636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

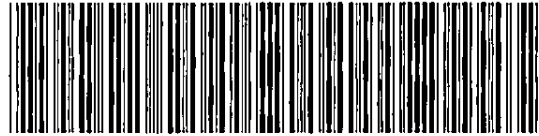
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK

D O'KEEFE

AUG 25 2017

## COVER LETTER

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

SUBJECT: Luke Ward Services 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: Luke Jackson Ward  
Name (Printed or typed)

2619 B North Point Circle  
Address

Tallahassee, FL 32312  
City, State & Zip

850-841-9474  
Daytime Telephone number

Lukejward1987@comcast.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: LUKE WARD SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2619 B North Point Circle  
Tallahassee FL 32312

Mailing address, if different is:

2619 B North Point Circle  
Tallahassee FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful  
business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, Luke Ward Name and Title: \_\_\_\_\_

Address: 2619 B North Point Address: \_\_\_\_\_

Circle, Tallahassee, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: Luke Ward

Address: 2614 B North Point Circle  
\_\_\_\_\_

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luke Ward

Address: 2614 B North Point  
Circle, Tallahassee FL

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TALLAHASSEE, FL  
CLERK OF THE COURT

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*

Luke Ward  
Required Signature/Registered Agent

8/25/17  
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.*

Luke Ward  
Required Signature/Incorporator

8/29/17  
Date