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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

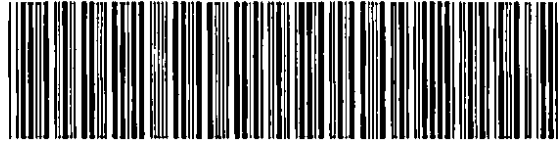
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DEC 18 2017

K. Brumbley

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: LM & Associates Consulting, 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: Luz M. Morillo-Agnetti (AKA Lucy)
Name (Printed or typed)

2110 Alhambra Circle
Address

Coral Gables, FL 33134
City, State & Zip

305-905-1018
Daytime Telephone number

lucy2014law@gmail.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 FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: LM & Associates Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2110 Alhambra Circle

Coral Gables, FL 33134

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

to help/assist increase the flow of capital to entities with
a purpose inc. but not limited to advising
on fundraising and/or providing professional advise and
consulting service.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

improve human health, promoting arts, sciences,
advancement of knowledge and/or other cause
reflecting society and/or the environment positively.
Provide clients with tools to change the world.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Luz M. (Aka "Lucy") Morillo - Agostini, Esq. Name and Title: Lisbet Fernandez-Vincent

Address: 2110 Alhambra Circle Address: same

Coral Gables, FL 33134

Name and Title: President and CEO

Name and Title: Vice President

Address: Same as above

Address: 2110 Alhambra Circle
Coral Gables, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name :

Luz M. (Lucy) Morillo-Agnetti

Address

Same

If applicable, BENEFIT OFFICER:

Name:

Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

John B. Agnetti

Address:

*909 N. Miami/ Suite 201
Biscayne Blvd.
Miami, FL 33132*

ARTICLE VII INCORPORATOR

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

Name:

Lucy Morillo-Agnetti

Address:

*2110 Alhambra Circle
Coral Gables, FL 33134*

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

11/29/17
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.

Required Signature/Incorporator

11/29/17
Date