

PT 70010780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

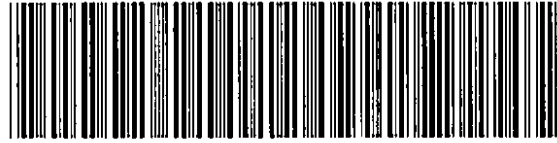
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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17 DEC 26 PM 2:30

2017 DEC 26 10:21:37

Matt Mawn

## COVER LETTER

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

SUBJECT: L + B STUCCO 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Randy LaFarge  
Name (Printed or typed)

6831 Chubborg Ave N.  
Address

Tam FL 32205  
City, State & Zip

850-510-7121  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

FILED  
2011 FEB 25 11 21 AM  
TALLAHASSEE, FL

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: LEB STUCCO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6831 Chamberburg Ave N  
Jacksonville FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

STUCCO + STONE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Randy L. Forge (Pres)

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

Address

6831 Chamberburg Ave N  
Jacksonville FL  
32205

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

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

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

Address

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

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

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

Address

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

920626 112025

FILED

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: Randy Laforgue

Address: 6831 Chamberlaine AVE N.  
Jacksonville FL 32205

FILED  
DEC 26 2017

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randy Laforgue

Address: 6831 Chamberlaine AVE N.  
Jacksonville FL 32205

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

Randy Laforgue  
Required Signature/Registered Agent

12-26-17  
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.

Randy Laforgue  
Required Signature/Incorporator

12-26-17  
Date