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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

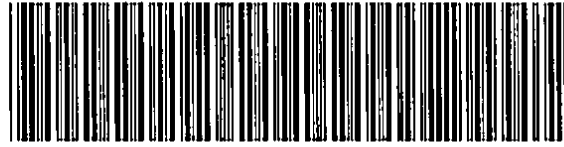
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

LYNN LAFLAMME
24200 MOUNTAIN VIEW DR.
BONITA SPRINGS, FL 34135

SUBJECT: LYNN LAFLAMME, P.A.
Ref. Number: W17000004343

We have received your document for LYNN LAFLAMME, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 317A00001116

COVER LETTER

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

SUBJECT: Lynn LaFlamme, P.A.
(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: Lynn LaFlamme
Name (Printed or typed)

24200 Mountain View Dr.
Address

Benita Springs FL 34135
City, State & Zip

239-910-4930
Daytime Telephone number

lynn@lefflerandassociates.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: Lynn LaFlamme, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24200 Mountain View Dr.
Bonita Springs, FL 34135

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn LaFlamme, President Name and Title: _____

Address: 24200 Mountain View Dr. Address: _____
Bonita Springs, FL
34135

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: Lynn LaFlamme

Address: 24200 Mountain View Dr.

Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

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

Name: Lynn LaFlamme

Address: 24200 Mountain View Dr.

Bonita Springs, FL 34135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/15/17 (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 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

Lynn LaFlamme
Required Signature/Registered Agent

1-15-17
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.

Lynn LaFlamme
Required Signature/Incorporator

1-15-17
Date

O'Keefe, Daniel L.

From: Lynn Laflamme <Lynn@lefflerandassociates.com>
Sent: Thursday, January 18, 2018 3:25 PM
To: O'Keefe, Daniel L.
Subject: Lynn Laflamme, PA

Attachment to Article 3:

The purpose of my business is to provide property management services to property owners in Lee County Florida.

Lynn Laflamme

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