

P18UWD45865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

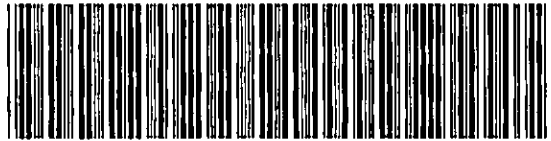
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T. SCOTT



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2018 MAY 15 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

Subject: Lello Co.

(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: Laura Patrick

Name (Printed or Typed)

3737 Lifford Circle

Address

Tallahassee, FL 32309

City, State & Zip

(850) 322-0639

Daytime Telephone number

lvpatriek@live.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
of
Lello Co.

Article 1: Name

The name of the corporation shall be: Lello Co.

Article 2: Principal Office

Principal Street Address	Principal Mailing Address (if different)
<u>3737 Lifford Circle</u>	<u></u>
<u>Tallahassee, FL 32309</u>	<u></u>
<u></u>	<u></u>

Article 3: Purpose

The purpose for which the company has been formed is:
To engage in any and all lawful forms of business.

Article 4: Shares

[The Company is authorized to issue a total of 100 shares.]

Comment [RB1]: What is a reasonable default for a sole owner?

Article 5: Officers

Name: Laura Patrick, President
Address: 3737 Lifford Circle
Tallahassee, FL 32309

Comment [RB2]: Title?

Article 6: Initial Directors

Name: Laura Patrick
Address: 3737 Lifford Circle
Tallahassee, FL 32309

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2018 MAY 15 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 7: Initial Registered Agent

Name: Laura Patrick
Address: 3737 Lifford Circle
Tallahassee, FL 32309

Article 8: Incorporators

Name: <u>Laura Patrick</u>	Name: _____
Address: <u>3737 Lifford Circle</u>	Address: _____
<u>Tallahassee, FL 32309</u>	_____

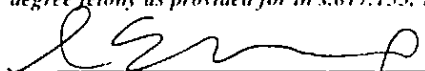
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.


Required Signature/Registered Agent

5/10/2018
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

5/10/2018
Date