

PI8000066711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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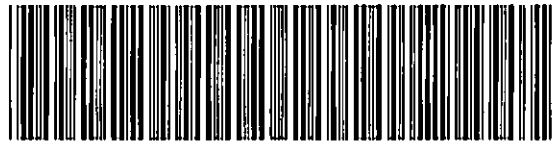
(Business Entity Name)

(Document Number)

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

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RECEIVED  
18 AUG -2 PM 1:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2018 AUG -2 PM 1:30  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LaCora & Company Inc. 80-0282018  
(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: LaCora Handsford  
Name (Printed or typed)

P.O. Box 61  
Address

Tallahassee, Florida 32302  
City, State & Zip

877.475.2346  
Daytime Telephone number

lacora@lacoraandcompany.com  
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2011 AUG - 2 PM 1:30

FILED

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: LaCora & Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2344 Tuscvilla Road  
Tallahassee, Florida. 32312

P.O. Box 61  
Tallahassee, Florida. 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Event Planning

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2011 AUG -2 PM 1:30  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President Name and Title: Christopher B. Levens Jr.  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: LaCorey B. Levens - Vice President  
Address: P.O. Box 61  
Tallahassee, FL 32302

Name and Title: ~~Timberly I. Mitchell~~  
Address: ~~P.O. Box 61~~

Name and Title: Lewis B. Handsford - Manager  
Address: P.O. Box 61  
Tallahassee, FL 32302

Secretary Name and Title: ~~Timberly I. Mitchell~~  
Address: P.O. Box 61  
Tallahassee, FL 32302

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

LaCoria Handsford

Address:

2344 Tuscanville Road  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

LaCoria Handsford

Address:

2344 Tuscanville Road  
Tallahassee, FL 32312

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

8-2-18  
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

8-2-18  
Date