# Phowsoyal

(1	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

MIGORFICE Use Only

JUN 2 12019 TO DODITE



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02/19/19--01018--015 \*\*128.75

MILTER SECTION



March 20, 2019

SHANNA TAYLOR 8196 LOWBANK DR NAPLES, FL 34109

SUBJECT: LEMA ENTERPRISES, INC.

Ref. Number: W19000018881

We have received your document for LEMA ENTERPRISES, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 119A00003991

District of Course of the D.O. DOV (2007 TO 11.)

#### **COVER LETTER**

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

SUBJECT: Certificate of Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

#### FEES:

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$128.75

#### **OPTIONAL:**

Certificate of Status \$ 8.75		
Shanna Taylor - LEMA Enterina Name (printed or typed)	<u>21</u> 1565,	Inc
Sig6 Lowbank Dr.	<del></del>	
Naples, FL 34109 City. State & Zip		
303 - 981 - 8152 Daytime Telephone Number		
E-mail address: (to be used for future annual report notification)		

#### CERTIFICATE OF DOMESTICATION

The undersigned, Shana Taylor, President (Name) (Title)
of LEMA Enterprises Lnc. a foreign corporation.  (Corporation Name)
in accordance with s. 607.1801. Florida Statutes, does hereby certify:
1. The date on which corporation was first formed was $\frac{100 - 30}{100} = \frac{30}{100} = \frac{30}{10$
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was LEMA ENTERPRISES, LNC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was
<ol> <li>Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.</li> </ol>
1 am president of LEMA Enterprises, Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 14th day of February . 2019.
(Authorized Signature)
Filing Fee:
Certificate of Domestication \$ 50.00 \$ 78.75
Total to domesticate and file S128.75
NUSS3 (12/12)

### ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE:
LEMA Enterprises, Inc.
ARTICLE II PRINCIPAL OFFICE  THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:  Principal Address  Mailing Address  Sigle Lowburk Dr.
Naples, FL 34109
<del></del>
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  (CALL CHATE, Property Management
3 Jul 21 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:		
THE NORIBER OF SHAKES OF STOCK IS.	<del></del>	
ARTICLE V INITIAL DIRECTORS AND/		
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLE.	S:	
Title/Name	Title/Name	
Shanna Taylor - Preside	ent Keith Taylor-Secretari	
S196 Lowbank Dr.	ent Keith Taylor-Secretarion - Sigle Lowbank Dr.	
naples FL 34109	naples, FL 34109	
Title/Name	Title/Name	
Title/Name	Title/Name	
Title/Name	Title/Name	
<u> </u>		

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## INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: **INCORPORATOR** THE NAME AND ADDRESS OF THE INCORPORATOR IS: HAVING BEEN NAMED AS REGISTERED AGENT AND 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. Signature/Registered Agent

**ARTICLE VI**