

P19000053355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

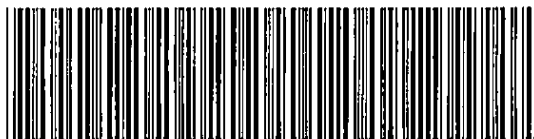
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/09/19--01002--007 **87.50

19 JUL - 8 PM 3:48

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CLERK OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL - 8 PM 3:57

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N CULLIGAN

JUL 08 2019

COVER LETTER

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

SUBJECT: The Lightfoot Group 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 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: Quenton M Lightfoot Sr
Name (Printed or typed)

1605 Pine Needle Trl
Address

Tallahassee FL, 32310
City, State & Zip

850 . 354 . 9389
Daytime Telephone number

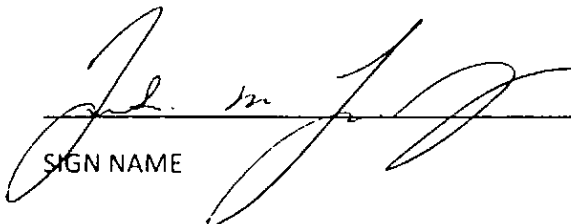
Lightfoot1@gmail.com
E-mail address: (to be used for future annual report notification)

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

I, Quinton M. Lyttelton Jr will not reinstate The Lyttelton Group LLC

Document number L17000074986

And will file a new filing with the same name.


SIGN NAME

7/8/2019
DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

The Lightfoot Group Inc

Principal street address

Principal st
1605 Pine Needle Trl

Tallahassee FL 32310

Mailing address, if different is:

The purpose for which the corporation is organized is:

Real Estate and Property Prosecution

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The number of shares of stock is:

1

Name and Title:

Quinten Lightfoot Jr./CEO

Name and Title:

Address

1655 Pine needle-tile

Address:

Tallahassee FL 32310

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: Quinten Lyttelton Jr

Address: 1605 Pine Needle Trl

Tallahassee 32310

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Quinten Lyttelton Jr

Address: 1605 Pine Needle Trl

Tallahassee FL 32310

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

[Signature]
Required Signature/Registered Agent

7/8/2019
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.

[Signature]
Required Signature/Incorporator

7/8/2019
Date