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19 OCT - 1 PM 4:31

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2019 OCT - 1 PM 4:49
CLERK OF COURT
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COVER LETTER

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

SUBJECT: LISA & DAVID ENTERPRISES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JESSICA LYNN PETERSON

Name (Printed or typed)

13122 DAVID BAKER RD

Address

RIVERVIEW, FL 33579

City, State & Zip

813 760 0882

Daytime Telephone number

LISA@AFIRSTCHOICEROOFING.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: LISA & DAVID ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13122 DAVID BAKER RD RIVERVIEW, FL 33579

<- SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P - JESSICA LYNN PETERSON

Name and Title: _____

Address 13122 DAVID BAKER RD
RIVERVIEW, FL 33579

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2010 OCT - 1 PM 4:49
CLERK OF DISTRICT COURT
JANUARY 11 2011

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: MIDDLETON & MIDDLETON, P.A.

Address: 1469 MARKET ST

TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

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

Name: SABRINA ARIZA

Address: 1469 MARKET ST

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

10-1-19
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

10-1-19
Date