

P/9000078481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10/07/19--01041--003 **70.00

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19 OCT 18 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: LIAA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

955 RIVERSIDE DR

PALMETTO, FL 34221

Mailing address, if different is:

5500 GATE POST CT

GREENSBORO, NC 27455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT AND OTHER LEISURE ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL E CULLINAN, PRES.

Address: 5500 GATE POST CT

GREENSBORO, NC 27455

Name and Title: MARY ANN CULLINAN, VP & CFO

Address: 5500 GATE POST CT

GREENSBORO, NC 27455

Name and Title: ZACKERY S. CULLINAN, TRES.

Address: 5500 GATE POST CT

GREENSBORO, NC 27455

Name and Title: DANIEL E. CULLINAN II, SEC.

Address: 5500 GATE POST CT

GREENSBORO, NC 27455

Name and Title: _____

Address: _____

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: DANIEL E. CULLINAN _____

Address: 1512 PORTSMOUTH DR _____

BRANDON, FL 33511 _____

ARTICLE VII INCORPORATOR

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

Name: DANIEL E CULLINAN _____

Address: 1512 PORTSMOUTH DR _____

BRANDON, FL 33511 _____

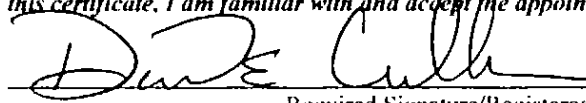
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/2019 (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

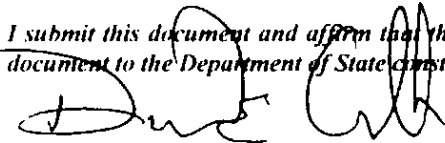


Required Signature/Registered Agent

9/30/19

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

9/30/19

Date

COVER LETTER

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

SUBJECT: LIAA, 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: DANIEL E. CULLINAN

Name (Printed or typed)

5500 GATE POST CT

Address

GREENSBORO NC 27455

City, State & Zip

336-337-9352

Daytime Telephone number

DANCULLAND3@AOL.COM

E-mail address: (to be used for future annual report notification)

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