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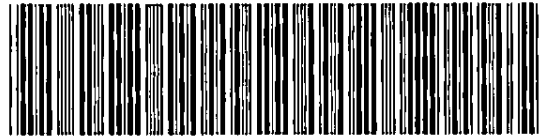
(Business Entity Name)

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TALLAHASSEE, FL

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/8/20

NAME: LILIBETH INTERNATIONAL CORP.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: LILIBETH INTERNATIONAL CORP.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Peter Pappas
Name (Printed or typed)

C/O Claire Arritola, Esq., 401 East Las Olas Blvd., Suite 2000
Address

Ft Lauderdale, FL 33301
City, State & Zip

646-717-0363
Daytime Telephone number

papco101@aol.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: LILIBETH INTERNATIONAL CORP.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

PETER A. PAPPAS

N/A

Mailing address, if different is:

c/o Claire Arritola, 401 East Las Olas Blvd, Suite 2000

Ft Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Pappas, Director

Name and Title: Ivy Pappas, Director

Address: 1100 Brickell Bay Drive, Apt. 36H
Miami, FL 33131

Address: 1100 Brickell Bay Drive, Apt 36H
Miami, FL 33131

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 3324

ARTICLE VII INCORPORATOR

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

Name: Claire Arritola

Address: 401 East Las Olas Blvd, Suite 2000

Ft Lauderdale, FL 33301

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SECRETARY OF STATE
TALLAHASSEE, FL

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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

4/7/2020

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.

Claire Arritola

4/7/2020

Required Signature/Incorporator

Date