

P21000048845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT

☐ MAIL

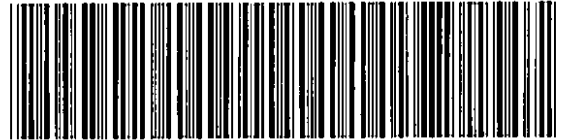
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2021 MAY 24 PM 12:58

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## COVER LETTER

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

SUBJECT: L & C GEMSTONE  
(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: ADRIAN CORTES  
Name (Printed or typed)

1511 Coombs Dr  
Address

Tallahassee - FL - 32308  
City, State & Zip

401-572-6784  
Daytime Telephone number

meibacdl@gmail.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: L&C GEMSTONE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1511 Coombs DR

Tallahassee - FL - 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

work in the installation of Marble and granite

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Adrian Cortes (V.P)</u>	Name and Title:	<u>Christian Lopez (P)</u>
Address	<u>1511 Coombs DR</u>	Address:	<u>1511 Coombs DR</u>
	<u>Tallahassee - FL - 32308</u>		<u>Tallahassee - FL - 32308</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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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: Adrian Cortes  
Address: 1511 Coombs Dr  
Tallahassee - FL - 32308

2021 MAY 24 PM 1:09  
STATE  
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Meiba Cortes  
Address: 1511 Coombs Dr  
Tallahassee - FL - 32308

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*

Adrian Cortes

Required Signature/Registered Agent

05/24/21

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.*

Meiba Cortes

Required Signature/Incorporator

05/24/21

Date