

P210 0008 9470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

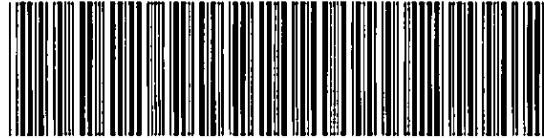
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374702698

10/12/21--01033--012 **70.00

2021 OCT 12 PM 7:54

OCT 14 2021

COVER LETTER

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

SUBJECT: LAJOIE VISION 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: GISELE SOOD
Name (Printed or typed)

183 OSTREY HAMMOCK TRAIL
Address

SANFORD, FL 32771
City, State & Zip

407-415-5371
Daytime Telephone number

GISELE@FOODCOACHEXPERT.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: LAJOIE VISION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
183 osprey Hammock Trail
SANFORD, FL 32771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Development,
sales, marketing, and other business related-

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GISELE SOOD, DIRECTOR Name and Title: _____
Address 183 osprey Hammock Trail Address: _____
SANFORD, FL 32771

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

2021 OCT 12 PM 7:53

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: GISELE SOOD
Address: 183 Osprey Hammock Trail
SANFORD, FL 32771

ARTICLE VII INCORPORATOR

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

Name: GISELE SOOD
Address: 183 Osprey Hammock Trail
SANFORD, FL 32771

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

10-08-2021
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

10-08-2021
Date

2021 OCT 12 PM 7:54