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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.••

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LINDSEY BALDWIN PA, INC.**

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PAID



November 14, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES INC

SUBJECT: LINDSEY BALDWIN PA, INC.
REF: W21000146613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If the filing is suppose to be a PA then remove the INC suffix. if this a regular Corporation filing then please remove the PA suffix.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon

Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H21000390584

Letter Number: 921A00027613

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LINDSEY BALDWIN, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
604 N PINE STREET
NEW SMYRNA, FL 32169Mailing address, if different is:
604 N PINE STREET
NEW SMYRNA, FL 32169**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real estate sales agent & consultant**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LINDSEY BALDWIN - Director

Name and Title: _____

Address

604 N PINE STREET

Address: _____

NEW SMYRNA, FL 32169

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 NOV 15 PM 1:16
ST. JAMES CATHOLIC CHURCH

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Address: 155 Office Plaza Drive, 1st Fl.

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Ana Maissonave

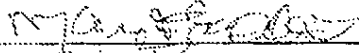
Address: 100 Wall St, Ste 503

New York, NY 10005

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*Asst. Secretary, Mary Brooks/ 
Required Signature/Registered Agent

11/12/21

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.**Ana Maissonave*

Required Signature/Incorporator

11/12/21

Date

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TALLAHASSEE, FL