

P21000103982

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer.

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RECEIVED

2021 DEC 13 PM 4:09

2021 DEC 14 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/13/2021

**XX** CERTIFIED COPY

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ARTICLES

1. LFP CONSTRUCTION MANAGEMENT INC.

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: LFP Construction Management 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  
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: Leonardo Fish Pimenta  
Name (Printed or typed)

1905 Promenade Way #1422  
Address

JACKSONVILLE FL 32207  
City, State & Zip

(904) 480-0797  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2021

CORPORATE ACCESS

SUBJECT: LFP CONSTRUCTION MANAGEMENT INC  
Ref. Number: W21000158362

RECEIVED  
2021 DEC 14 PM 4:32  
TALLAHASSEE, FLORIDA

We have received your document for LFP CONSTRUCTION MANAGEMENT INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Article I the name is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 421A00030067

*Corrected*

**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 F P construction Management  
INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1905 Promenade Way #1422  
JACKSONVILLE FL 32207

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

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

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TALLAHASSEE, FL

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**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Leonardo Pimenta, P Title: \_\_\_\_\_

Address 1905 Promenade Way Address: \_\_\_\_\_  
# 1422  
JACKSONVILLE FL 32207

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: Leonardo Pimenta  
Address: 1905 Promenade way # 1472  
JACKSONVILLE FL. 32207

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TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

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

Name: Lauren Gaughan  
Address: 2304 Saint Johns Bluff Rd S. # 4208  
JACKSONVILLE FL 32246

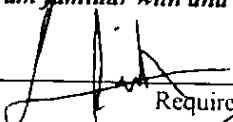
**ARTICLE VIII EFFECTIVE DATE:**

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.)

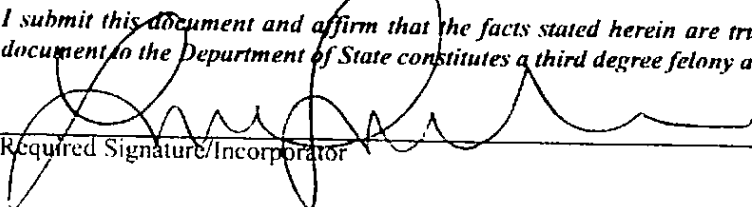
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/13/21  
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.*

  
Required Signature/Incorporator

12/13/21  
Date