

8/18/22, 11:07 AM

Division of Corporations

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 : REED MAWHINNEY & LINK, PLLC  
Account Number : 120180000105  
Phone : (863)687-1771  
Fax Number : (863)687-1775

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

Email Address: suzanne@polklawyer.com

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### FLORIDA PROFIT/NON PROFIT CORPORATION

#### PE LKLD Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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## COVER LETTER

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

SUBJECT: PE LKLD Holdings, 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      & Certificate of  
                  Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Andrew M. Reed  
Name (Printed or typed)

53 Lake Morton Drive, Ste. 100  
Address

Lakeeland, FL 33801  
City, State & Zip

863-687-1771  
Daytime Telephone number

suzanne@polklawyer.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)

ARTICLE I NAME

The name of the corporation shall be: PF LKID Holdings, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1703 Laurel Glen Place  
Lakeland, FL 33803

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

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FLORIDA STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Address 1703 Laurel Glen Place Address: Lakeland, FL 33803

**Name and Title:** \_\_\_\_\_ **Name and Title:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Reed Mawhinney & Lirk  
Address: 53 Lake Morton Drive  
Lakeland, FL 33801

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Michael D. Johnson  
Address: 1703 Laurel Glen Place  
Lakeland, FL 33803

**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*

Andrew M. Reed

08 / 17 / 2022

Required Signature/Registered Agent

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.*

Michael D. Johnson

08 / 18 / 2022

Required Signature/Incorporator

Date

2022 AUG 18 PM 6:26  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION  
AND AGENT FOR SERVICE OF PROCESS

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