

8/18/22, 11:00 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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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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STATE

FLORIDA PROFIT/NON PROFIT CORPORATION
PE LKLD Holdings, Inc.

Certificate of Status	0
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OF
STATE

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Help

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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
 Status

ADDITIONAL COPY REQUIRED**FROM:** Andrew M. Reed

Name (Printed or typed)

53 Lake Morton Drive, Ste. 100

Address

Lakeand, 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 NAMEThe name of the corporation shall be: PE LKLD Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1703 Laurel Glen Place
Lakeland, FL 33803**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful purpose**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael D. Johnson, President

Name and Title: _____

Address 1703 Laurel Glen Place
Lakeland, FL 33803

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

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

ARTICLE VII INCORPORATORThe **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

Required Signature/Registered Agent

08 / 17 / 2022

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

Required Signature/Incorporator

08 / 18 / 2022

Date

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