P22000093017

(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:

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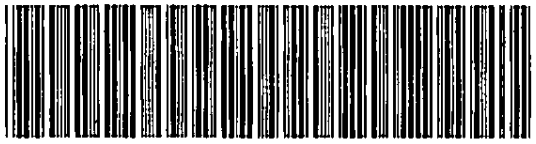

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W22-144902

COVER LETTER

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

SUBJECT: LBaB Enterprises 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: Lawrence Barracelli
Name (Printed or typed)

347 Needles Trail
Address

Longwood, Florida 32779
City, State & Zip

321-663-8774
Daytime Telephone number

lbarracelli@gmail.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: LGOG Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 347 Needles Trail Longwood, Florida 32779

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To purchase different properties and lease them.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Bonnacelli CEO
Address: 347 Needles Trail Longwood, Florida 32779

Name and Title:
Address:

Name and Title: Dracelis Bonnacelli - VP
Address: 347 Needles Trail Longwood, Florida 32779

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title:

Address

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lawrence Bornacelli

Address: 347 Needles Trail
Longwood, Florida 32779

ARTICLE VII INCORPORATOR

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

Name: Lawrence Bornacelli

Address: 347 Needles Trail
Longwood, Florida 32779

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TALLAHASSEE, FLORIDA

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

Lawrence Bornacelli
Required Signature/Registered Agent

12-15-2022
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.

Lawrence Bornacelli
Required Signature/Incorporator

Date 12-15-2022