

P2300008026

(Requestor's Name)

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PICK-UP

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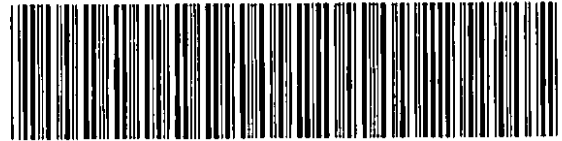
(Business Entity Name)

(Document Number)

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S. CHATHAM
FEB - 1 1 2023

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN 31 PM 2:27

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01/30/23--01001--002 **70.00

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2023 JAN 27 PM 2:40
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2023

CAPITAL CONNECTION, INC.

SUBJECT: LH ACCOUNTING INC.
Ref. Number: W23000010859

2023 JAN 31 PM 2:22

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TALLAHASSEE, FLORIDA

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 623A00002126

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LHK ACCOUNTING INC.

Signature _____

Requested by: SETH

01/26/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Owner Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
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____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: LHK ACCOUNTING 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: Amy Marie Vo
Name (Printed or typed)

104 Sea Grove Main Street
Address

St. Augustine, FL 32080
City, State & Zip

904-495-0400
Daytime Telephone number

avo@sjlawgroup.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: LHK ACCOUNTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21380 Lorain Road

Suite 202

Fairview Park, OH 44126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yaron Kandelker, President

Name and Title: _____

21380 Lorain Road

Address

Address: _____

Suite 202

Fairview Park, OH 44126

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Amy Marie Vo

Address: 104 Sea Grove Main Street

St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

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

Name: Amy Marie Vo

Address: 104 Sea Grove Main Street

St. Augustine, FL 32080

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

1/31/2023

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

1/31/2023

Date

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SECRETARY OF STATE
TALLAHASSEE, FL