

P23000029729

(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:

Office Use Only



000403559010

S. CHATHAM
APR 14 2023

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2023 APR 13 AM 8:26
SECRET
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM , Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE , 4/13/2023

PRIORITY , Regular Approval

OUR REF # (Order ID#) , 1136491

ORDER ENTITY
LEBANO ENTERPRISE INC

PLEASE PERFORM THE FOLLOWING SERVICES:
LEBANO ENTERPRISE INC (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Lebano Enterprise, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Joel Marcus
Name (Printed or typed)

676 W Prospect Rd
Address

Ft. Lauderdale, FL 33309
City, State & Zip

954-566-8513
Daytime Telephone number

JmarcusCPA@yahoo.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: Lebano Enterprise Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
9244 Perth Rd
Lake Worth, FL 33462

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Lebano (Pres) Name and Title: _____

Address 9244 Perth Rd Address: _____
Lake Worth, FL 33462

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SEAL
TALLAHASSEE

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: Joel Marcus
Address: 676 W. Prospect Rd
Ft. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

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

Name: Mario Lebano
Address: 9244 Perth Rd
Lake Worth, FL 33462

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SECURITY DIVISION
TALLAHASSEE

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

4/13/23
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

4-13-23
Date