

P230000037619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

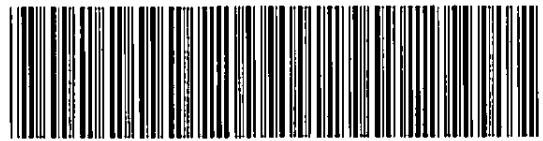
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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23 APR 26 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK

## COVER LETTER

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

SUBJECT: Loujswz 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: Louis Schwartz

Name (Printed or typed)

6004 Blakeford Dr

Address

Windermere, FL 34786

City, State & Zip

706-332-6005

Daytime Telephone number

loujswz@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: Loujswz Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6004 Blakeford Dr  
Windermere, FL 34786

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Louis Schwartz, President

Name and Title: Sherri Schwartz, VP

Address 6004 Blakeford Dr  
Windermere, FL 34786

Address: 6004 Blakeford Dr  
Windermere, FL 34786

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Louis Schwartz

Address: 6004 Blakeford Dr

Windermere, FL 34786

**ARTICLE VII INCORPORATOR**

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

Name: Affordable Accounting

Address: PO Box 297

Astatula, FL 34705


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2023 (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*

  
Louis J. Schwartz (Apr 21, 2023 10:26 EDT)

Required Signature/Registered Agent

*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.*

Connie Canfield  
Connie Canfield (Apr 21, 2023 10:19 EDT)

Required Signature/Incorporator

Apr 21, 2023

Date

Apr 21, 2023

Date

23 APR 20 11:12 AM  
FEDERAL DEPARTMENT OF STATE  
RECEIVED  
APR 21 2023  
PM 12:35