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REGISTRARS
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FLORIDA PROFIT/NON PROFIT CORPORATION
LISA N PERSSON INC

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LISA N PERSSON INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
646 CHARRICE PL
SANFORD, FL 32771Mailing address, if different is:
646 CHARRICE PL
SANFORD, FL 32771**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Adminstrative Services**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LISA N PERSSON - DIRECTOR Name and Title: _____Address: 646 CHARRICE PL Address: _____
SANFORD, FL 32771

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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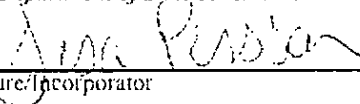
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: LISA N PERSSON
Address: 646 CHARRICE PL
SANFORD, FL 32771**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: LISA N PERSSON
Address: 646 CHARRICE PL
SANFORD, FL 32771**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* 5/11/23
Required Signature: Registered Agent 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.* 5/11/23
Required Signature: Incorporator Date**FILED**
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