

Sep. 27, 2023

P230000069741

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : 120200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
L&P EDGE MANAGEMENT INC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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Tallahassee, FL 32314

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SUBJECT: L&P EDGE MANAGEMENT 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: ALEXIS LAMADRID
Name (Printed or typed)

1265 S PINE ISLAND RD
Address

PLANTATION, FL 33324
City, State & Zip

(954) 605-8672
Daytime Telephone number

ALEX@LAMADRIDFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: L&P EDGE MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1295 S PINE ISLAND RD
PLANTATION, FL 33324

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EQ 360 REALTY INC VICE-PRESIDENT

Name and Title: _____

Address 5338 PRESIDENTIAL CT STE 102
FORT MYERS, FL 33919

Address: _____

Name and Title: LAMADRID BUSINESS CONSULTING LLC PRESIDENT

Name and Title: _____

Address 1265 S PINE ISLAND RD
PLANTATION, FL 33324

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: LAMADRID FINANCIAL SERVICES CORP
 Address: 10154 W FLAGLER ST
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXIS LAMADRID
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

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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
 09/27/2023
 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
 09/27/2023
 Date

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