(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



700419948187

01/05/24--01003--001 \*\*87.50

2024 JAH - 4 PH 2: 01

JAN 0 5 2024

K. Brumbley

# **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

XX	CERTIFIED COPY PHOTOCOPY		
xx	GS	GS	
XX	FILING	INC	
_	LEMON TREE GROU (CORPORATE NAME AND DOCU	P, INC MENT#)	
-	(CORPORATE NAME AND DOCU	MENT #)	
_	(CORPORATE NAME AND DOCU		
_	(CORPORATE NAME AND DOCU		
	(CORPORATE NAME AND DOCU	MENI#)	

### **COVER LETTER**

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

SUBJECT:	o, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE ŠUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status		
FROM:	Ange	elo Abbenante			
	Name (Printed or typed)  160 Periwinkle Drive				
	Address				
	Hypoluxo, Florida 33462				
	City, State & Zip				
	(561)310-9282				
	Daytime Telephone number				
	angelo	@lvnoras.com			

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NA. The name of the corp	ME poration shall be: Lemon Tree Gr	roup, Inc.	
ARTICLE II PR	INCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
160 Periwinkle	Drive		
Hypoluxo, Flo	orida 33462		
ARTICLE III PUT	RPOSE ch the corporation is organized is:		
The purpose of	of the Corporation shall be to en	gage in any activities in a	occordance with all
applicable lav	vs.		
-			
ARTICLE IV SIL. The number of shares	s of stock is:		
	TIAL OFFICERS AND/OR DIRECTORS		<b>5 -</b>
	ritle: Angelo Abbenante	Name and Title: Directo	r, President, Treasurer
Address	160 Periwinkle Drive	Address:	
	Hypoluxo, Florida 33462	<del></del>	
Name and T	itle: Rodolfo Di Sabatino	Name and Title: Directo	r, Vice President, Secretary
Address	700.14	A d d	
	Hypoluxo, Florida 33462		
Name and Ti	itle:	Name and Title:	202
Address		Address:	
			<u> </u>
			2:
			<del></del>

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Angelo Abbenante		
Address:	160 Periwinkle Drive		
	Hypoluxo, Florida 33462	<del></del>	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Angelo Abbenante		
Address:	160 Periwinkle Drive		
	Hypoluxo, Florida 33462		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) nnot be more than five days pr	ior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the application of State and the Department of State areco	able statutory filing requirements rds.	, this date will not be listed as
Having been nan certificate, I am j	ned as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporatio istered agent and agree to act in t	n at the place designated in this his capacity
	DocuSigned by:		1/4/2024
	Required Signstume/Regionered Agent		Date
document to the	rument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the fa clony as provided for in s.817.155	lse information submitted in a .F.S.
DocuSigne	nd by: -		1/4/2024
Required Signatu	ned incorporator	Dat	e