

P24000003915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

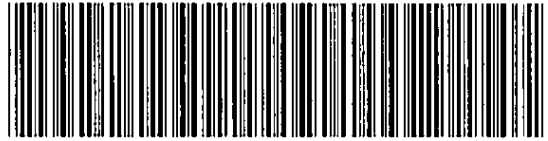
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2024 JAN 17 AM 9:10

SECRETARY OF STATE
FALLMOUNT, VT 05405

2024 JAN 17 PM 1:39

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 1/17/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1223418

ORDER ENTITY
LGN INTERNATIONAL TRADE INC

PLEASE PERFORM THE FOLLOWING SERVICES:

LGN INTERNATIONAL TRADE INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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 "MM" or similar, written over a horizontal line.

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: LGN INTERNATIONAL TRADE 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: Tressa White
Name (Printed or typed)

7801 Folsom Blvd, Suite 202
Address

Sacramento, CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

twhite@sundocfilings.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: LGN INTERNATIONAL TRADE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
66 W FLAGLER STREET SUITE 900 #10071
Miami, FL 33130

Mailing address, if different is:
66 W FLAGLER STREET SUITE 900 #10071
Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trading and sales

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabi Zur, Director

Name and Title: _____

Address 66 W Flagler Street
Suite 900 #10071
Miami, FL 33130

Address: _____

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: Gabi Zur

Address: 66 W Flagler Street, Suite 900 #10071

Miami, FL 33130

ARTICLE VII INCORPORATOR

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

Name: Tressa White

Address: 7801 Folsom Blvd, Suite 202

Sacramento, CA 95826

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:

/s/Gabi Zur

Required Signature/Registered Agent

01/16/24

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.

/s/Tressa White

Required Signature/Incorporator

01/16/24

Date

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