

2/23/24, 12:16 PM

Division of Corporations

PA4 000014254

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LONG LAW, P.A.  
Account Number : I20200000163  
Phone : (239)400-2060  
Fax Number : (239)268-6101

\*\*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  
LAZY EGG INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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T.J.H.  
2/26/24

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## COVER LETTER

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

SUBJECT: LAZY EGG 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: JAMIE STALOWSKI

Name (Printed or typed)

248 PEBBLE BEACH CIR #G201

Address

NAPLES, FL 34113

City, State &amp; Zip

724-420-0611

Daytime Telephone number

jastalowski427@gmail.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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TALLAHASSEE, FLORIDA

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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: LAZY EGG INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

24600 S TAMiami TRL, STE 200

248 PEBBLE BEACH CIR #G201

BONITA SPRINGS, FL 34134

NAPLES, FL 34113

**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: 100

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

Name and Title: JAMIE STALOWSKI - PRESIDENT

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

Address 248 PEBBLE BEACH CIR #G201

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

NAPLES, FL 34113

Name and Title: NATALIE STALOWSKI - VP

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

Address 248 PEBBLE BEACH CIR #G201

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

NAPLES, FL 34113

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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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:	JAMIE STALOWSKI
Address:	248 PEBBLE BEACH CIR #G201
	NAPLES, FL 34113

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name:	JAMIE STALOWSKI
Address:	248 PEBBLE BEACH CIR #G201
	NAPLES, FL 34113

**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 as 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	2/22/2024 Date
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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	2/22/2024
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