

**P240000014844**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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

From:

Account Name : GREENLIGHT FINANCIAL LLC  
Account Number : I20240000008  
Phone : (305)860-5970  
Fax Number : (305)440-0786

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

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

2024 FEB 27 PM 12:27

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Lemontree Consulting Inc**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2024 FEB 27 AM 8:10

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**COVER LETTER**

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

**SUBJECT:** LEMONTREE CONSULTING 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:** Greenlight Financial LLC  
Name (Printed or typed)

7480 BIRD RD STE 810  
Address

Miami, FL 33155  
City, State & Zip

(305)860-5970  
Daytime Telephone number

Marias@greenlightfinancial.net  
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: LEMONTREE CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10481 NW 48th Street

Mailing address, if different is:

Doral, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting - Public relations

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Christian Kawas, President

Name and Title: Natalie Boden, President

Address: 10481 NW 48th Street

Address: 10481 NW 48th Street

Doral, FL 33178

Doral, FL 33178

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

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

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

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

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

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

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

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

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CLERK OF DISTRICT COURT  
DADE COUNTY, 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: Natalie Boden  
 Address: 10481 NW 48th Street  
Doral, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Natalie Boden  
 Address: 10481 NW 48th Street  
Doral, FL 33178

**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  
 \_\_\_\_\_  
 Date 2/27/24

*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  
 \_\_\_\_\_  
 Date 2/27/24

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