

3/8/24, 4:47 PM

Division of Corporations

**P24000017575**

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.**

(((H24000092575 3)))



H240000925753ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : COMITER & SINGER, LLP  
Account Number : I2000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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

Email Address: Corporate@comiter.singer.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

**Lisa Kaye Design Associates, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



**COVER LETTER**

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

**SUBJECT:** Lisa Kaye Design Associates, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Andrew R. Comiter, Esq.

Name (Printed or typed)

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City, State & Zip

(561) 626-2101

Daytime Telephone number

lisa@lkd@gmail.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: Lisa Kaye Design Associates, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3400 S. Ocean Blvd., Unit 7B2Palm Beach, FL 33480**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: engage in any lawful business that may be engaged in by a corporation  
organized under the Florida Business Corporation Act, as amended from time to time.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lisa Kaye Fuld, President, Director Name and Title: \_\_\_\_\_Address 3400 S. Ocean Blvd., Unit 7B2 Address: \_\_\_\_\_Palm Beach, FL 33480 \_\_\_\_\_

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

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

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

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

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: Lisa Kaye Fuld  
 Address: 3400 S. Ocean Blvd. Unit 7B2  
Palm Beach, FL 33480

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

Name: Andrew R. Comiter, Esq.  
 Address: 3825 PGA Blvd. Suite 701  
Palm Beach Gardens, FL 33410

**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*

*Lisa Kaye Fuld*  
 Required Signature/Registered Agent

2/29/2024  
 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.*

*Andrew R. Comiter*  
 Required Signature/Incorporator

3/7/24  
 Date

2024  
FEB 5 0