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FLORIDA PROFIT/NON PROFIT CORPORATION LI of St Lucie, Inc.

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Certificate of Status	0					
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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:	LI OF ST LUCIE, INC.							
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)					
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:					
	☐ \$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: KR		: (Printed or typed)						
130								
CA	PE CORAL, FL 33904 City,	State & Zip						
239	-850-9451							
	Daytime Telephone number PETRADEMKO1@GMAIL.COM							
PET								
	E-mail address: (to be used	I for future annual report n	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)

name of the corporation shall be: LI OF ST LUCIE,	· · · · · · · · · · · · · · · · · · ·
Principal street address ST. LUCIE W BLVD T ST. LUCIE, FL 34986	Mailing address, if different is.
31. 20012, F2 34300	FORT WAYNE, IN 46845
ICLE III PURPOSE ourpose for which the corporation is organized is:	Y AND ALL LAWFUL BUSINESS.
number of shares of stock is: 100	
Name and Title BENJAMIN JOLLOFF, P	
	Name and Title:
Name and Title. BENJAMIN JOLLOFF, P	Name and Title:
Name and Title. BENJAMIN JOLLOFF, P Address 1401 TONKEL ROAD	Name and Title:
Name and Title. BENJAMIN JOLLOFF, P Address 1401 TONKEL ROAD FORT WAYNE, IN 46845 Name and Title.	Name and Title: Address. Name and Title:
Name and Title. BENJAMIN JOLLOFF, P Address 1401 TONKEL ROAD FORT WAYNE, IN 46845	Name and Title: Address. Name and Title:
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Name and Title. BENJAMIN JOLLOFF, P Address 1401 TONKEL ROAD FORT WAYNE, IN 46845 Name and Title. Address	Name and Title: Address. Name and Title. Address: Name and Title.

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Name a	nd Title:	Name and Title:			
Addres					
			-		
ARTICLE V7 The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	olo) o Calus vocinas and a const			
Name:	BENJAMIN JOLLOFF	जल) वर पाल प्रयुक्तिहासस्य अधुक्तार १५:			
Address:	1329 ST. LUCIE W BLVD				
	PORT ST. LUCIE, FL 34986	······································			
ADTICE PAGE					
	<u>INCORPORATOR</u>				
the name and a	ddress of the Incorporator is:				
Name:	BENJAMIN JOLLOFF				
Address:	1401 TONKEL ROAD	· · · · · · · · · · · · · · · · · · ·			
	FORT WAYNE, IN 46845				
Effective date, if (If an effective of filing.) Note: If the date	other than the date of filing: late is listed, the date must be specific and conserted in this block does not meet the applicative date on the Department of State's reconstruction.	aunot be more than five days priceate			
Having been nam certificate, I am f	and as registered agent to accept service of proc familiar with and accept the appointment as reg	vess for the above stated corporation gistered agent and agree to act in th	at the place designated in this is capacity		
	Ben Mir		5/7/2024		
	Required Signature/Registered Agent		Date		
uncument to me 1	ument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the fals clony as provided for in s.817.155, i	e information submitted in a F.S.		
	re/Incorporatory		5/7/2024		
Required Signatu	re/Incurporatorf	Date			
			7 24		
			<u>:</u>		
			•		