

5/7/24 10:04 AM

Division of Corporations

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION

LI of St Lucie, Inc.

Certificate of Status	0
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Corporate Filing Menu

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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 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: KRISTI LONG

Name (Printed or typed)

1306 SE 46TH LANE STE 1

Address

CAPE CORAL, FL 33904

City, State & Zip

239-850-9451

Daytime Telephone number

PETRADEMKO1@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: LI OF ST LUCIE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1329 ST. LUCIE W BLVD
PORT ST. LUCIE, FL 34986

Mailing address, if different is.

1401 TONKEL ROAD
FORT WAYNE, IN 46845

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title. BENJAMIN JOLLOFF, P

Name and Title: _____

Address 1401 TONKEL ROAD

Address: _____

FORT WAYNE, IN 46845

Name and Title. _____

Name and Title. _____

Address _____

Address: _____

Name and Title. _____

Name and Title. _____

Address _____

Address: _____

