

P 24000072497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

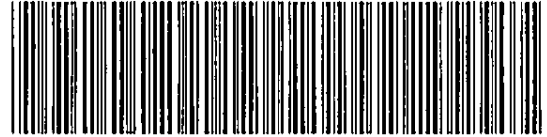
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/3/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1326868

**ORDER ENTITY**

LAFAYETTE & RUSHFORD DUNEDIN, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

LAFAYETTE & RUSHFORD DUNEDIN, INC. ( FL )

New corp filing

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

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

**SUBJECT:** LAFAYETTE & RUSHFORD DUNEDIN, 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: DEB BESINGER AT BOCHNER PLLC  
Name (Printed or typed)

1040 AVENUE OF THE AMERICAS, 15TH FLOOR  
Address

NEW YORK, NEW YORK 10018  
City, State & Zip

813-207-7135  
Daytime Telephone number

DEB@BOCHNER.LAW  
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: LAFAYETTE & RUSHFORD DUNEDIN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
748 BROADWAY STE 111  
DUNEDIN, FL 34698

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RETAIL SALES OF HOME ACCESSORIES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LISA CONNOLLY, PRESIDENT/DIRECTOR Name and Title: \_\_\_\_\_

Address 2301 STIRLING CIRCLE, #408 Address: \_\_\_\_\_  
DUNEDIN, FL 34698

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

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

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

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

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: INCORPORATING SERVICES, LTD.

Address: 1540 GLENWAY DRIVE

TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: BRENT C.J. BRITTON

Address: 1040 AVENUE OF THE AMERICAS, 15TH FLOOR

NEW YORK, NEW YORK 10018

**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*

Melissa A. Moreau

Required Signature/Registered Agent

12/3/2024

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.*

Brent C.J. Britton

Required Signature/Incorporator

11/26/2024

Date

FILED  
2024 DEC -3 AM 4:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA