# P96000096947

## TRANSMITTAL LETTER

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

SUBJECT: LES LA					
(F	Proposed corporate	name - must include su	ffix)		
			-11 ***		5——1 -001 *78.75
Enclosed is an original	and one (1) co	py of the articles of	incorporation ar	nd a check	
for :  \$70.00  Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	filing Fee, Certified Copy & Certificate		
FROM:	LES LAM Nam	MERS le (printed or typed)		96 NOV 22 SECRETARY TALLAHASSI	, . (
6223 HWY. 90 #133 Address				<u> </u>	
	MILTON, FL. 32570 City, State & Zip			ED AH II: 33 OF STATE E, FLORIDA	:
	<u>(904) 62</u> Daytir	6-9710 no Telephone number	<u></u>		

NOTE: Please provide the original and one copy of the articles.

### **ARTICLES OF INCORPORATION**

Sempon Malling Services

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

LES LAMMERS, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PLACE OF BUSINESS

MAILING ADDRESS

7391 JUDGE McCALL DRIVE MILTON, FL. 32583

6223 HWY. 90 #133 MILTON, FL. 32570

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.00 PER SHARE.

THE BOARD OF DIRECTORS IS AUTHORIZED TO ISSUE "SECTION 1244 STOCK" AS DEFINED BY SECTION 1244 OF THE INTERNAL REVENUE CODE.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LES LAMMERS 6223 HWY. 90 #133 MILTON, FL. 32570

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

LES LAMMERS
7391 JUDGE McCALL DRIVE
MILTON, FL. 32583

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name	of the corporation is	: LES LAMMERS,	INC		•
2.	The name	and address of the	registered agent an	nd office is:		
			LES LAMMERS (Name)	TALLAI	96 NOV 22	
		6223	HWY. 90 #133	IASS	V 22	픧
	•	(1	P.O. Box not accepta	ble) 🛅	API OF S	ED.
		MII	TON, FL. 3257	yo	77	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(City/State/Zip)

**₽**₩ 33

X for farmers X 11-19-96
(Signature) (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314