

PK4000059834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

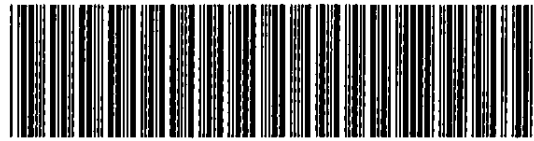
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 14 PM 1:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MD 7/15

**COVER LETTER**

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

SUBJECT: L5 ELECTRONICS SYSTEMS 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  
Filing Fee

\$78.75  
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: DEB YOUNG  
Name (Printed or typed)

6549 STATE RD 33  
Address

CLERMONT FL 34714  
City, State & Zip

321-634-2778  
Daytime Telephone number

MICK AND LYN @ G. MAIL.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: L5 ELECTRONICS SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

DEB YOUNG.
6549 STATE RD 33
CLERMONT FL 34714

[Blank lines for mailing address]

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES AND MANUFACTURE OF ELECTRONIC EQUIPMENT.

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ALLAHABAD, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: TEN THOUSAND.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEB YOUNG / PRESIDENT V.P. Name and Title: FRED EICHEZ BERGER
Address: 6549 STATE RD 33 Address: 6549, STATE RD 33
CLERMONT CLERMONT
FL 34714 FL 34714

Name and Title: MICHAEL S. KEMP / PRESIDENT Name and Title:
Address: 16639 CITRUS PKWY Address:
CLERMONT
FL 34714
DIRECTOR

Name and Title: BRYCE DUPREE Name and Title:
Address: 15 NORTH VAN BUREN Address:
SAN ANGELO
TX 76901

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DEB YOUNG.  
Address: 6549 STATE RD 33  
CLERMONT FL 34714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL S. KEMP  
Address: 16639 CITRUS PARKWAY  
CLERMONT FL 34714.

*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*

Debra Young  
Required Signature/Registered Agent

7/9/14  
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.*

[Signature]  
Required Signature/Incorporator

7/9/14  
Date