

P960000068633

TRANSMITTAL LETTER

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

500001913745  
-08/06/96--01101--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: L2 DZ DIRECT, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: LYNDA L. LAFAIR  
Name (printed or typed)

7902 SAILBOAT KEY BLVD H508  
Address

South PASADENA FL 33707  
City, State & Zip

813-363-3206  
Daytime Telephone number

Lynda Lafair GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ART II  
DATE 8-19-96  
DOC. EXAM KR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 AUG 15 AM 7:59

FILED

W-16439  
KR 8.5

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

8-19-96  
KR



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 7, 1996

J.  
LYNDAY LAFAIR  
7902 SAILBOAT KEY BLVD.  
#508-  
SOUTH PASADENA, FL 33707

9525 BLIND PASS Rd. #1102  
ST. PETE BEACH, FL. 33706

SUBJECT: L2D2 DIRECT, INC.  
Ref. Number: W96000016439

We have received your document for L2D2 and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Kimberly Rolfe  
Document Specialist

Letter Number: 896A00037596

ARTICLES OF INCORPORATION

OF

L2D2 DIRECT, INC.

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.

FILED  
95 AUG 15 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: L2D2 DIRECT, INC.

ARTICLE II PRINCIPAL OFFICE

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

9525 BLIND PASS ROAD  
UNIT # 1102  
St. Pete BEACH, FLORIDA  
33706

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 SHRS. \$1.00 PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LYNDA J. LAFAIR  
9525 Blind Pass Rd. #1102  
St. Pete Bch, Fl. 33706

ARTICLE V INCORPORATOR(S)

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

LYNDA J. LAFAIR

9525 BLIND PASS RD #1102

ST. PETE BCH. FL 33706

The undersigned has(have) executed these Articles of Incorporation this

11<sup>th</sup> day of May, 19 96.

x Lynnda J. Lafair, President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 AUG 15 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, 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: L202 DIRECT, INC.

2. The name and address of the registered agent and office is:

LYNDA J. LAFAIR  
(NAME)  
9525 BLIND PASS RD. #1102  
(P.O. BOX NOT ACCEPTABLE)  
St. Pete Beach FL 33706  
(CITY/STATE/ZIP)

SIGNATURE

(corporate officer)

TITLE

DATE

8-12-96

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.

SIGNATURE

DATE

8-12-96