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SECRETARY OF STATE

Walter Color



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2008

DOMINICK J LOMBARDI 1835 NE GARDENS DRIVE 466 NORTH MIAMI BEACH, FL 33179

SUBJECT: LOMBARDI GROUP, INC.

Ref. Number: W08000018906

We have received your document for LOMBARDI GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please remove the % sign from the stock amount.,

Please return the corrected original and one copy of 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 (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II New Filing Section

Letter Number: 008A00021987

COVER LETTER

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

SUBJECT: LOMBA	RDI GROUP, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	 ☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: DO	DMINICK J. LOMBARDI Name	(Printed or typed)	
	1835 NE MIAMI GARDENS DRI	VE # 466 Address	-
	NORTH MIAMI BEACH, FL 331 City	79 , State & Zip	
	305-336-2675	Telephone number	

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:

-LOMBARDI GROUP, INC.

- LOMBARDI SOLUTIONS, IHC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1835 NE MIAMI GARDENS DRIVE # 466 NORTH MIAMI BEACH, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: \OO

¥100% \$

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DOMINICK J. LOMBARDI

1835 NE MIAMI GARDENS DRIVE # 466

NORTH MIAMI BEACH, FL 33179

TITLE: PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DOMINICK J. LOMBARDI

1835 NE MIAMI GARDENS DRIVE # 466

NORTH MIAMI BEACH, FL 33179

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DOMINICK J. LOMBARDI 1835 NE MIAMI GARDENS DRIVE # 466 NORTH MIAMI BEACH, FL 33179

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

()	m unu ugree to uct in this capacity
Jonnick Longardi	04/07/08
Signature/Registered Agent /	Date
Dominica Lowbard	04/07/08
Signature/Incorporator	Date

