

P19000048314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

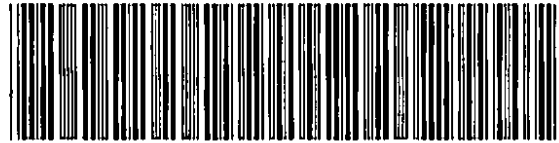
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/05/19--01009--001 **70.00

FILED

2019 JUN -5 AM 11:39

JUN 17 2019

3.8.17.11

COVER LETTER

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

SUBJECT: Gary Lombard 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Gary Lombard
Name (Printed or typed)

8328 Ponkan Road
Address

Land O'Lakes, FL 34637
City, State & Zip

813-210-7835
Daytime Telephone number

gary.lombard1956@gmail.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: Gary Lombard Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8328 Ponkaw Road

Land O' Lakes, FL 34637

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Lombard/President Name and Title: _____
Address 8328 Ponkaw Rd. Address: _____
Land O' Lakes, FL
34637

Name and Title: Cindy Beilhart/Vice-President Name and Title: _____
Address 8328 Ponkaw Rd. Address: _____
Land O' Lakes, FL
34637

Name and Title: _____ Name and Title: _____
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: Gary Lombard
Address: 8328 Ponkay Rd
Land O' Lakes, FL 34637

ARTICLE VII INCORPORATOR

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

Name: Gary Lombard
Address: 8328 Ponkay Rd
Land O' Lakes, FL 34637

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

Gary Lombard
Required Signature/Registered Agent

6/3/2019
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.

Gary Lombard
Required Signature/Incorporator

6/3/2019
Date