

TRANSMITTAL LETTER
P0000023182

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

500003150095--7
-02/28/00--01139--001
****167.50 *****87.50

SUBJECT:

LANYARD King, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FILED
00 FEB 28 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

JONATHAN LIEBERBAUM

Name (Printed or typed)

121 E. 3. COURT

Address

MIAMI BEACH, FL 33139

City, State & Zip

954 523 8250

Daytime Telephone number

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

3-7

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:

LANYARD KING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

232 NE 33 STREET
FT. LAUDERDALE, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING IMPRINTED APPAREL & RELATED ~~PRODUCTS~~ IMPRINTED PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

JONATHAN LIEBERBAUM, PRES,
121 E. 3 COURT
MIAMI BEACH, FL 33139

SHARON AZIZ SEC
10007-2 NW 83 ST
TAMPA, FL 33321

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JONATHAN LIEBERBAUM
121 E. 3 COURT
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

JONATHAN LIEBERBAUM
121 E. 3 COURT
MIAMI BEACH, FL 33139

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/Registered Agent

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA