

Pa3000090/55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

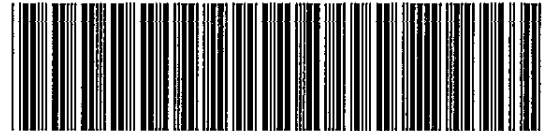
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 AUG 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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03 AUG 18 AM 11:58
DIVISION OF CORPORATIONS

98/1

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 8-18-03 Kelly

CERTIFIED COPY

CUS

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Arts

1.) Justin La Bombard Enterprises, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

JUSTIN LABOMBARD ENTERPRISES 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.

ARTICLE I NAME

The name of the corporation shall be:

JUSTIN LABOMBARD ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

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

1419 TRAVELERS PALM DRIVE
EDGEWATER, FLORIDA 32132

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUSTIN LABOMBARD
1419 TRAVELERS PALM DRIVE
EDGEWATER, FLORIDA 32132

ARTICLE V INCORPORATOR(S)

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

JUSTIN LATOMBARD
1419 TRAVELERS PALM DRIVE
EDGEWATER, FLORIDA 32132

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

July day of one, ~~10~~ 2003


Signature

Signature

Signature

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

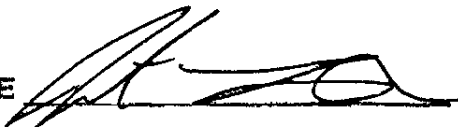
1. The name of the corporation is: JUSTIN LABOMBARDI
ENTERPRISES INC.

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

JUSTIN LABOMBARDI
(NAME)
1419 TRAVELERS PALM DRIVE
(P.O. BOX NOT ACCEPTABLE)
EDGEWATER, FLORIDA 32132
(CITY/STATE/ZIP)

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

7-1-03