

PO3000 133502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

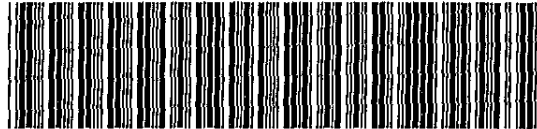
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2003 NOV 10 AM 6:20  
CLERK OF STATE  
TALLAHASSEE FLORIDA

J 11/17/03

TRANSMITTAL LETTER

FILED

2003 NOV 10 AM 6:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: LOMAX ENTERPRISES 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: TODD A. LOMAX  
Name (Printed or typed)

13024 WATERFORD WOOD CIRCLE # 205  
Address

ORLANDO FLORIDA 32828  
City, State & Zip

407-497-7351  
Daytime 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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: **LOMAX ENTERPRISES INC.**

2003 NOV 10 AM 6:1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **13024 WATERFORD WOOD CIRCLE  
#205  
ORLANDO, FLORIDA 32828**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PROFIT PROFESSIONAL CORPORATION**

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
**TODD A. LOMAX 13024 WATERFORD WOOD CIRCLE #205 OR. FL. 32828**  
**ANGELA M. LOMAX 13024 WATERFORD WOOD CIRCLE #205 OR. FL. 32828**

**ARTICLE VI REGISTERED AGENT**

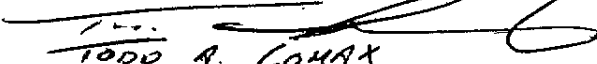
The name and Florida street address of the registered agent is: **TODD A. LOMAX  
13024 WATERFORD WOOD CIRCLE #205 ORLANDO FLORIDA 32828**

**ARTICLE VII INCORPORATOR**

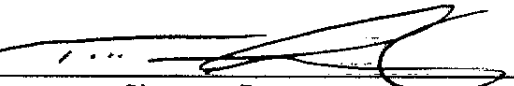
The name and address of the Incorporator is: **TODD A. LOMAX  
13024 WATERFORD WOOD CIRCLE #205 ORLANDO, FLORIDA 32828**

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

**11/6/03**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**11/6/03**  
\_\_\_\_\_  
Date