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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LAMPE 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: CATHERINE M. LAMPE
Name (Printed or typed)

2246 TIVOLI LN
Address

JACKSONVILLE FL 32259
City, State & Zip

904 591-7787
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)

ARTICLE I NAME

The name of the corporation shall be:

LAMPE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2246 TIVOLI LANE
JACKSONVILLE, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTERIOR TRIM + HOME REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CATHERINE M. LAMPE 2246 TIVOLI LN JACKSONVILLE, FL 32259 PRES.
WALTER M. LAMPE 2246 TIVOLI LN JACKSONVILLE, FL 32259 V.P.
ALLISON A. GEIGER 2246 TIVOLI LN JACKSONVILLE, FL 32259 SEC/TRES.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ALLISON A. GEIGER
2246 TIVOLI LN
JACKSONVILLE, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHERINE M. LAMPE
2246 TIVOLI LN
JACKSONVILLE, FL 32259

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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



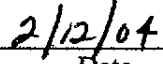
Signature/Registered Agent



Date



Signature/Incorporator



Date