

P04000059677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

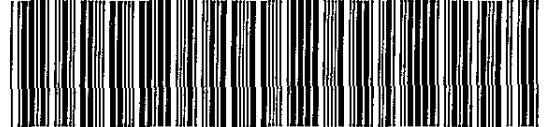
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~04-08-04~~
04-08-04
B

TRANSMITTAL LETTER

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

SUBJECT: LOMBARDO WEALTH MANAGEMENT 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: R. ROBERT LOMBARDO
Name (Printed or typed)

631 US HIGHWAY ONE SUITE 309
Address

NORTH PALM BEACH FL., 33408
City, State & Zip

561- 842-4444
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:

LOMBARDO WEALTH MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

631 US HIGHWAY ONE
SUITE 309
NORTH PALM BEACH FL, 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

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):

R. ROBERT LOMBARDO PRESIDENT/TREASURER
CAROL A. LOMBARDO VICE PRESIDENT/SECRETARY

ARTICLE VI REGISTERED AGENT

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

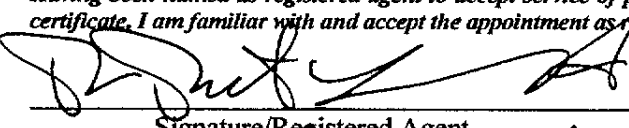
R. ROBERT LOMBARDO
631 US HIGHWAY ONE
SUITE 309
NORTH PALM BEACH FL, 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

R. ROBERT LOMBARDO
631 US HIGHWAY ONE
SUITE 309
NORTH PALM BEACH FL, 33408

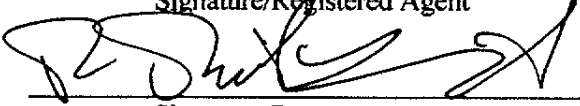
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-31-04

Date



Signature/Incorporator

3-31-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA