

PO8000028596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

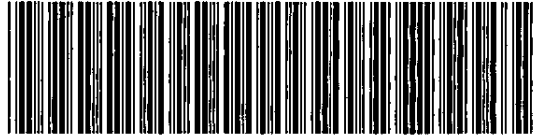
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2008

D. A. WHITE

COVER LETTER

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

SUBJECT: Robert lambrecht Services 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: Robert Lambrecht

Name (Printed or typed)

1050 Capri Isles Blvd. H203

Address

Venice, Florida 34292

City, State & Zip

(414) 207-2886

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:

Robert Lambrecht Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1050 Capri Isles Blvd. H203
Venice, FL 34292

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Maintenance and repair services

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):

Robert Lambrecht
1050 Capri Isles Blvd. H203
Venice, FL 34292

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Robert Lambrecht
1050 Capri Isles Blvd. H203
Venice, FL 34292

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Robert Lambrecht
1050 Capri Isles Blvd. H203
Venice, FL 34292

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

Signature/Incorporator

3-11-8
Date

3-11-8
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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