

P09000086417

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 10/20/09

11090000 47278



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2009

KATHLEEN GUNN  
1901 N. OCEAN BLVD. #2D  
FORT LAUDERDALE, FL 33305

SUBJECT: IAMBE, INC.  
Ref. Number: W09000042228

We have received your document for IAMBE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 109A00030921

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Iambe, 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

*State  
has  
already  
cashied  
my  
check*

FROM: \_\_\_\_\_

*Kathleen Gunn*

Name (Printed or typed)

*1901 N. Ocean Blvd # 2D*

Address

*Fort Lauderdale, FL 33305*

City, State & Zip

*954-828-5022*

Daytime Telephone number

*Kmanessis@aol.com*

E-mail address: (to be used for future annual report notification)

**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:

lambe, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1901 North Ocean Blvd., Unit 2D  
Fort Lauderdale, FL 33305

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services

### ARTICLE IV SHARES

The number of shares of stock is:  
1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kathleen Gunn  
1901 North Ocean Blvd., Unit 2D  
Fort Lauderdale, FL 33305  
PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

Kathleen Gunn 1901 N. Ocean Blvd, #2D, Ft. Laud. FL 33305

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathleen Gunn  
1901 North Ocean Blvd. Unit 2D  
Fort Lauderdale, FL 33305

\*\*\*\*\*

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

Kathleen Gunn 10/14/09

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09 OCT 19 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Kathleen Gunn*  
Signature/Registered Agent

*Kathleen Gunn*  
Signature/Incorporator

9/8/09

Date

9/8/09

Date

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TALLAHASSEE, FLORIDA