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COVER LETTER

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

SUBJECT: LBA Group Inc.

50B, 2021	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM: ^{Jin}	n Applebee		
1 KOM	Nam	e (Printed or typed)	
215	56 Firestone Ct.		
		Address	
Ovi	edo, FL 32765 City	, State & Zip	
407	′-365 - 9792		

jimapplebee@gmail.com

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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

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:

LBA Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2156 Firestone Ct.

Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Sales/Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jim Applebee President 2156 Firestone Ct. Oviedo, FL 32765

ARTICLE VI REGISTERED AGENT

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

Jim Applebee 2156 Firestone Ct. Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Jim Applebee 2156 Firestone Ct. Oviedo, FL 32765

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

3/12/10

Date

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