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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(LOO	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

MRD 11/7

COVER LETTER

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

SUBJECT: R W Lambrecht Enter	prises Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: Robert W. Lambrecht	e (Printed or typed)	
1580 Southland Rd.	Address	
Venice, FL 34293	, State & Zip	
414-207-2886 Daytime	Telephone number	
relyongary@gmail.com E-mail address: (to be use	ed 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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	580 Southland Rd.	<u> </u>	
7	enice, FL 34293		
-			
ARTICLE III	DIIDDACE		
	hich the corporation is organized is:		
	and repair services		
Mairiterianice	and repair services		<u></u>
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			53 名 71
			NOV -4
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ARTICLE IV			SP
The number of sha	res of stock is: 100		mig 🙄
4 D GT GT B 11	THE STATE OF THE S	one	SEE. FLOR
	INITIAL OFFICERS AND/OR DIRECT		62
	tle:Robert Lambrecht President		= 5
Address:	1580 Southland Rd.		9 -
	Venice_FL 34293		
			
Name and T	tle:	Name and Title:	
Address:		Address:	
Name and T	tle:	Name and Title:	
Address:		Address:	
APTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Robert Lambrecht	, 0.1	
Address:	1580 Southland Rd.		
	Venice, FL 34293		
ARTICLE VII	<u>INCORPORATOR</u>		
	Iress of the Incorporator is:		
Name:	Robert Lambrecht		
Address:	1580 Southland Rd.		
	Venice, FL 34293		
	- dt-ddd tdt of mag	and for the above stated core	anation at the place decimated i
riaving been nam	ed as registered agent to accept service of pro in familial with and accept the appointment as	resistared agent and agree to	oraion ai the place aesignaica ii act in this canacity
inis cerujicu je, i u	a fanadar wan and accept the appointment as	registeren ugent una ugree to	see are areas cupacing
	12		14-21-11
	4 3 3		16 -30 - 11 Date
	Required Signature/Registered Agent		Date
I enhait this dos	ment and affirm that the facts stated herein	are true I am aware that the	false information submitted in
i suomui inis uoci document to the P	ment and affirm that the Jacis Stated neven openiment of State constitutes a third degree fe	ure wue. I am aware mai ine lonv as provi <i>dod</i> for in c 217 1	55. F.S.
wament wine D	communicati of some consumes a unit degree je	iony as provinca jor in 5.017.1	vv4 = 100
	$\lambda \lambda $		10.30-11