

PI2000071049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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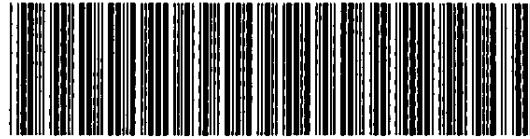
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** Invigicom 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:** David R. Lamb

Name (Printed or typed)

2424 Christammy Court

Address

Orlando, Florida 32835

City, State & Zip

407-491-6929

Daytime Telephone number

dlamb@invigicom.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**

Invigicom Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2424 Christammy Court  
Orlando, Florida 32835

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To operate as a corporation legally and lawfully in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: Ten Thousand (10,000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Lamb, Founder  
Address: 2424 Christammy Court  
Orlando, Florida 32835

Name and Title: Ryan Jorgenson, Founder  
Address: 1217 Moses Creek Ct  
Oviedo, Florida 32765

Name and Title: Lief Sorensen, Founder  
Address: 1024 Spinning Wheel Drive  
Apopka, Florida 32712

Name and Title: Joanne Lorden Lamb, Founder  
Address: 614 Westhampton Court  
Winter Garden, Florida 34787

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: David Lamb  
Address: 2424 Christammy Court  
Orlando, Florida 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Lamb  
Address: 2424 Christammy Court  
Orlando, Florida 32835

*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*

David R. Lamb

Required Signature/Registered Agent

08/09/2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

David R. Lamb

Required Signature/Incorporator

08/09/2012

Date

12 AUG 16 AM 11:34  
MARSHALL COUNTY CLERK  
TALLAHASSEE, FLORIDA