

P13000005169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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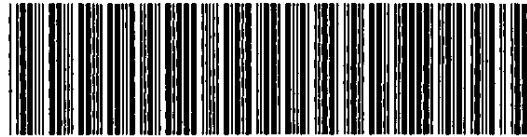
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 14 PM 2:16

RECEIVED
STATE OF ARIZONA
DEPARTMENT OF REVENUE

Jan 15/13

COVER LETTER

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

SUBJECT: LOMBARDI AND SONS, 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: JOHN A LOMBARDI

Name (Printed or typed)

3100 SW COLLEGE ROAD, #K120

Address

OCALA FL 34474

City, State & Zip

352/237-2557

Daytime Telephone number

gac34470@yahoo.com

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

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

13 JAN 14 PM 2:16

7:45 PM
SECTION OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME LOMBARDI AND SONS, INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3100 SW COLLEGE ROAD

#K120

Ocala FL 34474

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL ACTIVITIES LEGAL
IN THE STATE OF FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOHN A LOMBARDI</u>	Name and Title:	_____
Address	<u>PRESIDENT</u>	Address:	_____
	<u>1405 NE 24th PLACE</u>		_____
	<u>Ocala FL 34474</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: JOHN A LOMBARDI
Address: 1405 NE 24th PLACE
OCALA FL 34470

ARTICLE VII INCORPORATOR

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

Name: CAROLYN SETLIFF
Address: 2510 SE 17th STREET
OCALA FL 34471

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


Required Signature/Registered Agent

01/09/2013

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.


Required Signature/Incorporator

01/09/2013

Date

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS