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(Business Entity Name)

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13 OCT -7 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W13-54455

COVER LETTER

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

SUBJECT: Lombardi's Floor Covering, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOSEPH LOMBARDI

Name (Printed or typed)

1704 Elrancho Drive

Address

Sun City CENTER, Florida, 33573

City, State & Zip

917-495-7515

Daytime Telephone number

mommie011@aol.com

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

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

10/3/13

Dear Sir/Madam

Per a Conversation I have had
with your office^{10/3/13} I Am
re-sending Paper work with corrections

Also your office should be holding
the money order for \$7.50 previously
send.

Thank you

Joseph Lombardi

Lombardi's floor Covering, Inc.

RECEIVED
13 OCT -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **LOMBARDI'S FLOOR COVERING, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1704 Elrancho Drive

Sun City Center, Florida 33573

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **FLOOR INSTALLATION:**

**SUCH AS VCT, VINYL FLOORING OF ALL TYPES; AS WELL AS
CARPET INSTALLATION; REPAIRS OF VINYL OF ALL VARIETIES;
CARPETING REPAIRS**

ARTICLE IV SHARES 95

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Joseph Lombardi/President/Owner**

Address **1704 Elrancho Drive
Sun City, Center, Florida
33573**

Name and Title:

Address:

Name and Title: **Orlando Lombardi/VP**

Address **1704 Elrancho Drive
Sun City Center, Florida
33573**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE FLORIDA

(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: Joseph Lombardi
Address: 1704 Elrancho Drive
Sun City, Florida 33573

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Lombardi
Address: 1704 Elrancho Drive
Sun City, Florida 33573

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TALLAHASSEE FLORIDA

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

Joseph Lombardi 10/3/13
Required Signature/Registered Agent 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.

Joseph Lombardi 10/3/13
Required Signature/Incorporator Date