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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-35895

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## COVER LETTER

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

SUBJECT: Laugh City Entertainment Corp.

(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: Brodrick R. Lampkin

Name (Printed or typed)

4443 Malvern Hill Drive

Address

Orlando, FL. 32818

City, State & Zip

407.715.5825

Daytime Telephone number

Ofcblampkin@gmail.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**

The name of the corporation shall be: Laugh City Entertainment Corp.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

4443 Malvern Hill Drive

Orlando, FL. 32818

Mailing address, if different

P.O. Box 680398

Orlando, FL. 32868

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Brodrick R. Lampkin President

Address P.O. Box 680398

Orlando, FL 32868

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

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: Brodrick R. Lampkin  
Address: 4443 Malvern Hill Drive  
Orlando, FL. 32818

**ARTICLE VII INCORPORATOR**

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

Name: Brodrick R. Lampkin  
Address: 4443 Malvern Hill Drive  
Orlando, FL. 32818

*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*

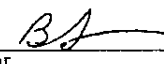
**Brodrick Lampkin** 

Required Signature/Registered Agent

**05/24/2014**

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.*

**Brodrick Lampkin** 

Required Signature/Incorporator

**05/24/2014**

Date