

PI4000061600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

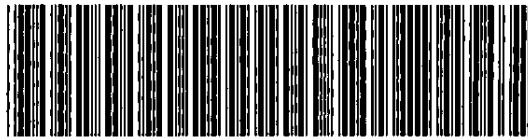
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

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2014 JUL 21 PM 12:51

*SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

ARTICLE II PRINCIPAL OFFICE

Principal street address

4443 Malvern Hill Drive

P.O. Box 680398

Orlando, FL 32818

Orlando, FL 32868

ARTICLE III PURPOSE

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

ARTICLE IV SHARES 1,000

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brodrick R. Lampkin President Name and Title: _____

Address: P.O. Box 680398 Address: _____

Orlando, FL 32868

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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 BS

05/24/2014

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.

Brodrick Lampkin BS

05/24/2014

Required Signature/Incorporator

Date