

P15000035424

Florida Department of State
Division of Corporations
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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 17 AM 11:38

APPROVED
AND
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
LAMBO H1 CORP

Certificate of Status	0
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Corporate Filing Menu

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H15000094728

COVER LETTER

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

SUBJECT: **LAMBO H1 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 ☐ \$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: **SERGIO RECCHIA**

Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104

Address

AVENTURA, FL 33180

City, State & Zip

305-987-7240

Daytime Telephone number

lavand@grgcpa.com

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

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

APPROVED
AND
FILED

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

15 APR 17 AM 11:38

ARTICLE I NAME

The name of the corporation shall be: LAMBO H1 CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FLORIDA 33180

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SERGIO RECCHIA, PRESIDENT

Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

APPROVAL
AND
FILED

(cont.)

15 APR 17 AM 11:38

Name and Title:	_____	Name and Title:	SECRETARY OF STATE
Address:	_____	Address:	TALLAHASSEE, FLORIDA
_____	_____	_____	_____
_____	_____	_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: MARK GERSTLE
Address: 2630 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SERGIO RECCHIA
Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

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

[Signature]
Required Signature/Registered Agent

4/17/15
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.

[Signature]
Required Signature/Incorporator

4/17/15
Date