P15000037856

800271959678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)
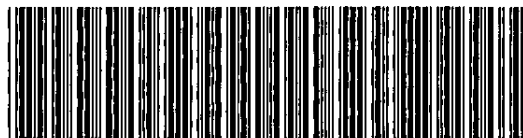
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TALLAHASSEE, FLORIDA

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S. GILBERT

COVER LETTER

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

SUBJECT: **LAMBEAU CONSULTING 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: **Susan Lamm**
_____
Name (Printed or typed)

259 Timber Run Way
_____
Address

Cocoa, FL 32926
_____
City, State & Zip

321-223-7705
_____
Daytime Telephone number

s.lamm@scientist.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)

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SECRETARY

ARTICLE I   NAME
The name of the corporation shall be: **LAMBEAU CONSULTING INC**

ARTICLE II   PRINCIPAL OFFICE
Principal **street** address

259 Timber Run Way

Cocoa, FL 32926

Mailing address, if different is:

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: **transacting any and all lawful business**

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

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Janet Lamm   President**

Address **259 Timber Run Way   Cocoa, FL 32926**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: **Susan Lamm**

Address: **259 Timber Run Way**

Cocoa, FL 32926

ARTICLE VII   INCORPORATOR

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

Name: **Susan Lamm**

Address: **259 Timber Run Way**

Cocoa, FL 32926

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

_____   4/15/15
    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.

_____   4/15/15
    Required Signature/Incorporator   Date