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COVER LETTER

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

SUBJECT: LMS	Governmental Relations, Inc.		
50D3EC1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fe	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of
FROM:	Lauren Morris Schulman Nam	e (Printed or typed)	
	21150 Point Place, #1503		
-		Address	
	Aventura, FL 33180		
-	City	, State & Zip	FILL Juli 22
;	3058039640		
•	Daytime '	Telephone number	5. T. C
,	Vote2Win@aol.com		
-	E-mail address: (to be use	ed for future annual report	notification)

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

EFFECTIVE DATE U6/21/14

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

FILED

The name of the corporat	ion shall be:		- Table Ta
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing a	address, if different is:
21150 Point Place, #1503 Aventura, FL 33180		21150 Point Place, #1503 Aventura, FL 33180	
	ay have an interest in financially and/		
	vith other Political Consultants may o		
		.	
ARTICLE IV SHARI The number of shares of	ES 100 stock is:		
ARTICLE IV SHARI The number of shares of	ES 100 stock is:		
The number of shares of	stock is: L OFFICERS AND/OR DIRECTORS		
The number of shares of	L OFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO	Name and Title:	
The number of shares of	L OFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO	Name and Title:	
The number of shares of ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO		
The number of shares of ARTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO :		
The number of shares of ARTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO :		
The number of shares of ARTICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO :	Address:	
The number of shares of ARTICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title:	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title:	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title:	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title:	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title:	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title:	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title:	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title: Address:	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS Lauren Morris Schulman, CEO 21150 Point Place, #1503 Aventura, FL 33180	Address: Name and Title: Name and Title: Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Clifford Schulman, Esq.		
Address:	21150 Point Place, #1503		
	Aventura, FL 33180		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:	N 22	
Name:	Lauren Morris Schulman		
Address:	21150 Point Place, #1503		
	Aventura, FL 33180		
ARTICLE VIII Effective date, if (If an effective days after the fi		. (OPTIONAL) cannot be more than five business days prior or 90 busines	ess
	e inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed ords.	i as
		rocess for the above stated corporation at the place designat as registered agent and agree to act in this capacity	ted in
llin	J L. Al	June 17, 2016	
	Required Signature/Registered Ager	nt Date	_
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted effective felony as provided for in s.817.155, F.S.	l in a
Laure	a morres Selection as	June 17, 2016	
Requ	nired Signature/Incorporator	Date	