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DEC 0 8 2016

COVER LETTER

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

SUBJECT: LBP CO	NSULTING, INC.		
50D3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 REQUIRE	
FROM:		e (Printed or typed)	
		Address	
во	CA RATON, FLORIDA 33431		
	City	, State & Zip	
561	-864-0000		
	Daytime '	Telephone number	
JRA	AFFERTY@WABASHPOWER.CC	DM .	
	E-mail address: (to be use	ed 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)

ICLE II PRIN	ICIPAL OFFICE			
•	Principal street address		Mailing address, if different is:	
S. OCEAN BLV		(SAME)		
LRAY BEACH, F ————————————————————————————————————	LORIDA 33483			
TICLE III PURI purpose for which	POSE the corporation is organized is:	ESSIONAL CONSULTING IN AR	REAS INCLUDING	
AVY PACKAGE	POWER; POWER STEAM/BOILER A	ND RELATED AREAS.		
	 			
TICLE IV SHAL				
number of shares of	RES 1000 of stock is: IAL OFFICERS AND/OR DIRECTORS	Σ		
number of shares of	RES 1000 of stock is: IAL OFFICERS AND/OR DIRECTORS Ile:			
number of shares of	RES 1000 of stock is: IAL OFFICERS AND/OR DIRECTORS	Name and Title:		
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number of shares of shares of shares of shares of shares of share and Tites.	RES 1000 If stock is: IAL OFFICERS AND/OR DIRECTORS ILLE: PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109	Name and Title:	SECIVE ALLIAI	
number of shares of VICLE V INIT. Name and Tit Address	RES 1000 If stock is: IAL OFFICERS AND/OR DIRECTORS ILLE: PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109	Name and Title:Address:	SECRÉTAILAS	
number of shares of VICLE V INIT. Name and Tit Address	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483	Name and Title:Address:	16 BEC -7 P	
Name and Tit Name and Tit Name and Tit	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483	Name and Title: Address: Name and Title:	SECRETARIS CANALITATION OF PHACE ALLIANAS SEE, FI	
Name and Tit Name and Tit Name and Tit	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483	Name and Title: Address: Name and Title:	16 BEC -7 PH 9: SECRETAL SEE, FLO	
Name and Tit Name and Tit Name and Tit	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483	Name and Title: Address: Name and Title:	SECILLATIAS SEE, FLOR	
Name and Tit Address Name and Tit Address	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483 c:	Name and Title: Address: Name and Title: Address:	SECRETARIS STATE ALLIANASSEE, FLORIDA	
Name and Tit Address Name and Tit Address	RES 1000 of stock is: HAL OFFICERS AND/OR DIRECTOR: Ile: JAMES M. RAFFERTY PRESIDENT/DIRECTOR 400 S. OCEAN BLVD., #109 DELRAY BEACH, FL 33483	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	SECRETARIS STATE ALLIANASSEE, FLORIDA	

Name an	d Title:	Name and Title:	
Address		Address:	
			-
	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NOT acceptable) JAMES M. RAFFERTY	of the registered agent is:	
Address:	400 S. OCEAN BLVD., #109	_	
	DELRAY BEACH, FL 33483	_	
ARTICLE VII	<u>INCORPORATOR</u>	TALLAI TALLAI	16 DEC
The name and ac	Idress of the Incorporator is:	ASS.	F
Name:	MICHAEL A. FREELING, ESQ.	<u>।</u> जिल्ल	7 PM
Address:	2295 NW CORPORATE BLVD. #117		PH 9:
	BOCA RATON, FL 33431	AHASSEE, FLORIDA	: 20
Effective date, if	EFFECTIVE DATE; other than the date of filing:ate is listed, the date must be specific and cann	(OPTIONAL) not be more than five days prior or 90 days afte	er the
	inserted in this block does not meet the applicabl ffective date on the Department of State's records		e listed as
	ned as registered agent to accept service of proce am familiar will and accept the appointment as re		esignated in
Xam n.	//-/ / //	12-5-1	4
Required Signature/Registered Agent		Date	
I submit this doc document to the l	ument and affirm that the facts stated herein an Department of State constitutes a third degree felo	e true. I am aware that the false information su ony <u>as provided for i</u> n s.817.155, F.S.	bmitted ln a
		12-6-	16
Kequi	red Signature/incorporator	Date	
	(<i>V</i> //		