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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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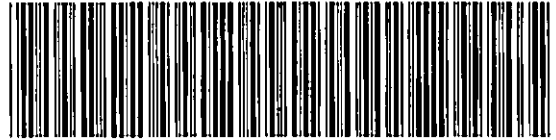
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 12 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 2018

T SCHROEDER

COVER LETTER

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

SUBJECT: LMS GENERAL CONTRACTORS, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEEES:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

Certificate of Status \$ 8.75
LMS GENERAL CONTRACTORS, INC

Name (printed or typed)

2637 E ATLANTIC BLVD, #29055

Address

POMPANO BEACH, FL 33062

City, State & Zip

888-585-6742

Daytime Telephone Number

INFO@LMSGC.COM

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

CERTIFICATE OF DOMESTICATION

The undersigned, JENNIFER TODD, PRESIDENT
(Name) (Title)

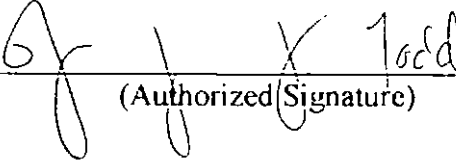
of LMS GENERAL CONTRACTORS, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was APRIL 17, 2013
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TEXAS
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was LMS GENERAL CONTRACTORS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is LMS GENERAL CONTRACTORS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was TEXAS
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am JENNIFER TODD, of LMS GENERAL CONTRACTORS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 2 day of June, 2018


(Authorized Signature)

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$ 50.00
\$ 78.75
\$128.75

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TALLAHASSEE, FLORIDA

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: LMS General Contractors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2637 E. Atlantic Blvd, #29055
Pompano Beach, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Coroporation; Construction

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Todd/President & Secre

Name and Title: _____

Address 2637 E Atlantic Blvd

Address: _____

Suite 29055

Pompano Beach, FL 33062

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Registered Agents Inc.
Address: 3030 N. Rocky Point Dr. STE 150A
Tampa FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Todd
Address: 2637 E Atlantic Ave, #29055
Pompano Beach, FL 33062

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Bill Havre Registered Agents Inc. 06/02/18
Bill Havre - Assistant Sec
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.

Jennifer Todd 06/02/18
Required Signature/Incorporator Date