

8/4/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**P21000070399**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000295746 3)))



H210002957463ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)803-2736  
Fax Number : (305)646-1527

*CV 8/21*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LEHMAR LMR, CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -5 AM 11:26

FILED

2021 JUN -5 AM 9:14

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: LEHMAR LMR, CORP.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

231 174 STREET #514  
SUNNY ISLES, FL. 33160

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM H. ARCILA  
231 174 STREET #514  
SUNNY ISLES, FL. 33160

Prepared by: WILLIAM H. ARCILA  
231 174 STREET #514  
SUNNY ISLES, FL. 33160  
305 218-2295

Electronically Sent By: BUSINESS WORLD TRANSACTIONS  
7951 S.W. 40 ST. (BIRD RD.) #201  
MIAMI, FL. 33155  
PH # (305) 267-4022  
BUSINESSWORLDTRANSACTIONS@GMAIL.COM

2021 AUG -5 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

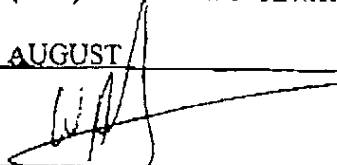
**INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM H. ARCILA  
231 174 STREET #514  
SUNNY ISLES, FL. 33160

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4TH day of AUGUST, 2021.

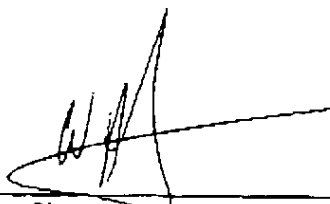
\*   
Signature

**ARTICLE VII  
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

WILLIAM H. ARCILA  
231 174 STREET #514  
SUNNY ISLES, FL. 33160

DIRECTOR & PRESIDENT

\*   
Signature

\_\_\_\_\_  
Signature

**FILED**  
2021 AUG -5 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

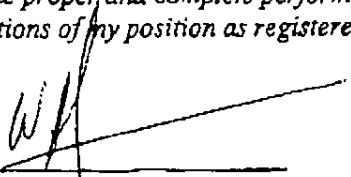
PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LEHMAR LMR, CORP.

2. The name and address of the registered agent and office is:

WILLIAM H. ARCILA  
231 174 STREET #514  
SUNNY ISLES, FL. 33160

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
SIGNATURE)

(DATE) AUGUST 4TH, 2121

FILED  
2021 AUG -5 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FL