

7/14/23, 3:01 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: LLYNCH@WMRCPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

LB Consultants Group Inc.

RECEIVED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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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: LB Consultants Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3200 North Ocean Blvd, Apt 309
Fort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Bernard - President

Name and Title: _____

Address 3200 North Ocean Blvd, Apt 309
Fort Lauderdale, FL 33308

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:	Lawrence Bernard
Address:	3200 North Ocean Blvd, Apt 309
	Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name:	Lawrence Bernard
Address:	3200 North Ocean Blvd, Apt 309
	Fort Lauderdale, FL 33308

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:

<u>Lawrence Bernard</u>	July 14, 2023
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.

<u>Lawrence Bernard</u>	July 14, 2023
Required Signature/Incorporator	Date

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