

P24000057366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

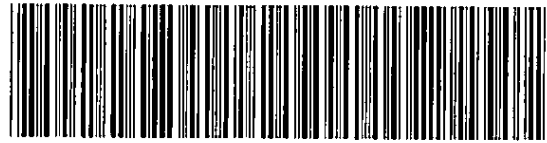
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200435902962

FILED

2024 SEP 10 AM 9:47

STATE
TALLAHASSEE, FL

RECEIVED

2024 SEP 10 PM 1:52

STATE
TALLAHASSEE, FL

KB

CT CORP
(850) 656-4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 09/10/2024

Acc#I20160000072

W: C SW

Name:	LBSR Holdings, Corp.
Document #:	
Order #:	15860871

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

FILED
2024 SEP 10 AM 9:47
TALLAHASSEE, FL

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: LBSR Holdings, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

2020 SEP 10 AM 9:47
STATE
TALLAHASSEE, FL

FILED

FROM: Luis Barberi, Sr.
Name (Printed or typed)

114 NW 25th St. Unit 212
Address

Miami, FL 33127
City, State & Zip

305-354-9400 ext 106
Daytime Telephone number

lebarberi@reservhotel.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: LBSR Holdings, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
114 NW 25th St. Unit 212

Mailing address, if different is:

Miami, FL 33127

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Barberi, Sr., President and director

Name and Title:

Address 114 NW 25th Street, Unit 212

Address:

Miami, FL 33127

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2024 SEP 10 AM 9:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Barberi, Sr.
Address: 114 NW 25th St, Unit 212
Miami, FL 33127

FILED
2024 SEP 10 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 10, 2024

(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

Katherine Schneider

Katherine Schneider, Asst. Secretary

Required Signature/Registered Agent

9/10/2024

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.

Signed by:

KSC

September 10, 2024