P9500001368

TRANSMITTAL LETTER

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



SUBJECT: _	LOMBARDO	ENTERPRISE, INC	
		Orate name - must include suffer	_

FIGUREAL CONTRACTOR

for:	•		py or the articles of	incorporation and a che	₽C
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	### \$131.25 Filing Fee, Certified Copy & Certificate	

FROM:

LOMBARDO ENTERIFICE

Name (printed or typed)

2201 S.W 58 TERRACE

Address

HOLLYWOOD FL 33023

City, State & Zip

(305) 966-5311

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.





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

ARTICLE I NAME

The name of the corporation shall be:

LOMBARDO ENTERPRISE, INC

ARTICLE II PRINCIPAL OFFICE

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

2201 S.W. 58 TERRACE HOLLY WOOD FL 33023

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

PAR VALUE \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL A. LICCARDO 2201 S.W.58 TERRACE HOLLY WOOD FL. 33023

ARTICLE V INCORPORATOR(S)

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

NICOLE LOMBARDO

NICOLE LOMBARDO 2201 S.W 58 TERRACE HOLLY WOOD FL 33023

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 n	ame of the corporation is: LOHBARDO ENTER PR	USE INC
2. The n	ame and address of the registered agent and office is:	95 1
	PAUL A. LICCARDO (Name)	
	2201 S.W 58 TERRACE (P.O. Box not acceptable)	E.FLO
	HOLLY WOOD FL 33023 (City/State/Zip)	RIDA
	(City/State/Zip)	

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

(Signature)

(Date)