

P900000/3450

TRANSMITTAL LETTER

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

POSTED 1407087  
02715/95--01090--002  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: LOMBARDI ASSOCIATES, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

FROM:

LOMBARDI ASSOCIATES, INC.  
Name (printed or typed)  
23880 NE 187 Lane  
Address  
FL. McCoy, FL 32134  
City, State, & Zip  
( 800 ) 546-5392  
Telephone Number

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155 FEB 15 PM 3:39

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Note: Please provide the original and one copy of the Articles.

**ARTICLES OF INCORPORATION**

**OF**

LOMBARDI ASSOCIATES, INC.

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:

LOMBARDI ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

23880 NE 187 Lane  
Ft. McCoy, FL 32134

**ARTICLE III CAPITAL STOCK**

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

SEVEN THOUSAND FIVE HUNDRED (7,500) SHARES  
OF COMMON STOCK HAVING A PAR VALUE OF ONE  
DOLLAR (\$1.00) PER SHARE.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

HORACE LOMBARDI  
23880 NE 187 Lane  
Ft. McCoy, FL 32134

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**ARTICLE V INCORPORATOR(S)**

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

HORACE LOMBARDI  
23880 NE 187 LANE  
FT. MCCOY, FLORIDA 32134

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

10<sup>th</sup> day of Feb, 19 95.

Horace Lombardi  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 name of the corporation is: LOMBARDI ASSOCIATES, INC.

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

HORACE LOMBARDI

(NAME)

23880 NE 187 Lane

(P.O. BOX NOT ACCEPTABLE)

FL. McCoy, FL 32134

(CITY/STATE/ZIP)

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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

Horace Lombardi

DATE

2-10-98