

# 795000065453

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224 8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

95 MAR 24 AM 9:17  
 11000

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY PPL \_\_\_\_\_

WALK-IN Will Pick Up 8-27-11000

RE: New Lambda Corporation

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art of Inc File		
<input type="checkbox"/> Corp Record Search		
<input type="checkbox"/> Ltd Partnership File		
<input checked="" type="checkbox"/> Foreign Corp File		
<input type="checkbox"/> ( ) Cert Copy(s)		
<input type="checkbox"/> Art of Amend File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep		
<input type="checkbox"/> FAX ( ) pgs.		
<b>SUBTOTALS</b>		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

95 APR 24 AM 9:17

ARTICLES OF INCORPORATION  
OF

NEW LAMBDA CORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NEW LAMBDA CORPORATION.

The principal place of business of this corporation shall be: 2125 University CT.  
Clearwater, FL 34624

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 200 shares of common stock having a par value of \$1.00 per share. The Board of Directors is authorized to issue "Section 1244 Stock" as defined by Section 1244 of the Internal Revenue Code.

ARTICLE IV TERMS OF EXISTENCE

This corporation is to exist perpetually, unless dissolved according to Florida Law.

ARTICLE V OFFICERS & DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Officers and Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Officer/Director, initially. The name and street address of the initial Officer/Board of Director is:

Yutaka Shimoji  
President/Director

2125 University CT.  
Clearwater, FL 34624

ARTICLE VI INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation are:

Yutaka Shimoji  
2125 University CT.  
Clearwater, FL 34624

ARTICLE VII REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be: 2125 University CT.

Clearwater, FL 34624

The name of the initial registered agent of the corporation, who shall hold office the first year of the corporation's existence or until their successor is elected, is: Yutaka Shimoji

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 18 day of Aug., 1995.

Signature of Incorporator

Y. Shimoji

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 18<sup>th</sup> day of Aug., 1995, by Yutaka Shimoji

(Name of incorporator)

of New Lambda Corporation  
(Name of Corporation)

Notary Public

Heoffrey Donahoe  
My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES  
BONDED THEN GENERAL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG 24 AM 9:17

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

Pursuant to the provisions of Section 607.325, 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: New Lambda Corporation
2. The name and address of the registered agent and office is: Yutaka Shimoji, 2125 University CT.  
(P.O. BOX NOT ACCEPTABLE)  
Clearwater, FL 34624  
(CITY/STATE/ZIP)

SIGNATURE

Y. Shimoji  
(CORPORATE OFFICER)

TITLE PRESIDENT

DATE

8/18/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

Y. Shimoji  
8/18/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC 23 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000065453**

1. Corporation Name

**NEW LAMBDA CORPORATION**

Principal Place of Business

**2125 UNIVERSITY CT.  
CLEARWATER FL 34624**

Mailing Address

**2125 UNIVERSITY CT  
CLEARWATER FL 34624**



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/24/1995**

FEI Number

**59-3331773**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officer,  
and/or Director

Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

3

4 City / State / Zip

PD

**SHIMOJI, YUTAKA**

**2125 UNIVERSITY CT.**

**CLEARWATER FL 34624**

500002035609-0

-12/27/96--01079--001

\*\*\*383.75 \*\*\*383.75

**REINSTATEMENT**

**1996**

**12/23/96**

8. Name and Address of Current Registered Agent

**SHIMOJI, YUTAKA  
2125 UNIVERSITY CT.  
CLEARWATER FL 34624**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**REGISTERED AGENT MUST SIGN**

Date **12/20/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**YUTAKA SHIMOJI**

**12/20/96**

Date

**813-443-6882**

Daytime Phone