P9900058037

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

SUBJECT:	Proposed corpor	INC. rate name - must include suff	ār)	
	(cosposal cospos		, 10002914 -06/24/990; *****78.75	1054002
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	TREMEL CARMICHAEL		·	=
Name (Printed or typed)				
	12537 WILLIOUGHBY LM.		- [-	
Address EEC 99				
	JACKSONVILLE, FL. 32225			
City, State & Zip				
	904-221-4509 OR 904-732-7333			
Daytime Telephone number				

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

86/88

ARTICLES OF INCORPORATION ...

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

ARTICLE I NAME

The name of the corporation shall be: L.B.M.I.A.B.W.M INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 12537 WILLOUGHBY LN.
JACKSONVILLE, FL. 32225

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: TREMEL CARMICHAEL

12357 WILLOUGHBY LN. JACKSONVILLE, FL. 32225

ARTICLE V INCORPORATOR

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

TREMEL CARMICHAEL 12537 WILLOUGHBY LN. JACKSONVILLE. FL. 32225

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date