

P09000086417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

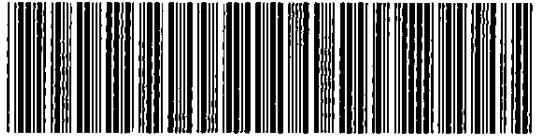
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 10/20/09

W090000 47278



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2009

KATHLEEN GUNN
1901 N. OCEAN BLVD. #2D
FORT LAUDERDALE, FL 33305

SUBJECT: IAMBE, INC.
Ref. Number: W09000042228

We have received your document for IAMBE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 109A00030921

COVER LETTER

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

SUBJECT: Iambe, Inc.
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

State has already cashed my check

FROM: Kathleen Gunn
Name (Printed or typed)

1901 N. Ocean Blvd # 2D
Address

Fort Lauderdale, FL 33305
City, State & Zip

954-828-5022
Daytime Telephone number

Kmanessis@aol.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:

lambe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1901 North Ocean Blvd., Unit 2D
Fort Lauderdale, FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kathleen Gunn
1901 North Ocean Blvd., Unit 2D
Fort Lauderdale, FL 33305
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kathleen Gunn 1901 N. Ocean Blvd, #2D, Ft. Laud. FL 33305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathleen Gunn
1901 North Ocean Blvd. Unit 2D
Fort Lauderdale, FL 33305

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

Kathleen Gunn 10/14/09

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TALLAHASSEE, FLORIDA

Kathleen Gunn
Signature/Registered Agent

Kathleen Gunn
Signature/Incorporator

9/8/09

Date

9/8/09

Date

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TALLAHASSEE, FLORIDA