TRANSMITTAL LETTER

P00000063550

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

SUBJECT: LP of Tallahassee Inc.
(Proposed corporate name - must include suffix)

500003309295--3
-06/30/00--01005--001
*****78.75 *****78.75

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	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Deborah K. McEachin
Name (Printed or typed)

810 Thomasville Rd.
Address

Tallahassee FL 32303
City, State & Zip

(850)-224-7170
Daytime Telephone number

APPROVED AND FILED
00 JUN 29 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607, F.S., Florida Profit

ARTICLE I NAME
The name of the corporation shall be:

LP of Tallahassee, Inc.

ARTICLE II PRINCIPLE OFFICE
The principle place of business/mailing address is:

810 Thomasville Rd.
Tallahassee, FL 32303

ARTICLE III SHARES
The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)
The name(s) and address(es):

Deborah K. McEachin
12509 N. Meridian Rd.
Tallahassee, FL 32312

ARTICLE V REGISTERED AGENT
The name and Florida street address of the registered agent is:

Deborah K. McEachin
12509 N. Meridian Rd
Tallahassee, FL 32312

ARTICLE VI INCORPORATOR
The name and address of the Incorporator is:

Deborah K. McEachin
12509 N Meridian Rd.
Tallahassee, FL 32312

****

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Deborah K. McEachin — Signature/Registered Agent
6-29-00 — Date

Deborah K. McEachin — Signature/Incorporator
6-29-00 — Date