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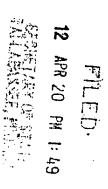
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COVER LETTER

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

Enclosed is an original an \$70.00 Filing Fee	status	\$78.75 Filing Fee & Certified Copy	d a check for: \$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED				
FROM: Printed or typed) 16290 ne 75th Que Address Treaton \$132693 City, State & Zip							
·	362-21	0-6549 lephone number	thought	100.0UM			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2012

RON FISHER 16290 NE 70TH AVE TRENTON, FL 32693

SUBJECT: GAINESVILLE LONGHORNS INC.

Ref. Number: W12000011745

We have received your document for GAINESVILLE LONGHORNS 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 212A00008199

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the corp	IAME oration shall be:	suille Lo	onghorn'	S Inc.
ARTICLE II F	Principal office Principal street address	th >1093	Mailing address, if d	
The purpose for whi TO COMP Pague. As we The game ARTICLE IV OWNER	INITIAL OFFICERS AND/OR DIR	ner Appoin	it Directors	
Name and Title Address: Name and Title Address:	STAS SUN 37	VICE Plame and Title: Address: Name and Title: Address: P133093	Williston Fl	President Ct 32696 20 Co-auner
The <u>name and Flori</u> Name: Address:	da street address (P.O. Box NOT acception of the property of t	table) of the registered ager	nt is:	FILED.
Name: Address: Having been namea	as registered agent to accept service of the appointment as			te designated in this
	Required Signature of Registered Agent and affirm that the facts stated hereing State Constitutes a third degree felony and Required Signature of Incompagnature	in are true. I am aware th s provided for in s.817.155		nitted in a document