P01000004749

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

G99173900124	RATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	al and one(1) copy of the artic	eles of incorporation and a	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

FROM: Monta C. & Peggy M. Burt

Name (Rhinled or typed)

400003531504--9

-01/10/01--01070--005

-01/10/01--01070--005

*****87.50

Address

ADDITIONAL COPY REQUIRED

Gainesville, FL 32601
City, State & Zip

352 - 373 - 4535 Daytime Telephone number

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

A.12.0'

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
The Laurel Oak Inn, Inc.
The Laurel Oak Inn, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 221 SE 7th Street Gainesville, FL 32601 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The operation of the Laurel Oak Inn and other Ventures.
ARTICLE IV SHARES The number of shares of stock is: 1,000
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
President-Monta C. Burt, III V. President/Treasurer/Sccretary-Peggy M. Burt
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Monta C. Burt, III 221 SE 7th Street Gainesville, FL 32601
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Monta C. & Peggy M. Burt 221 SE 7th Street
Gainesville, FL 3260/************************************
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
Wash half
Signature/Registered Agent Date
Audithe Recount But 1/8/01
Signature/Incorporator Date