	)CCC	013368
Department of Division of Co P.O. Box 6327 Tallahassee, 1	TRANSMIT State orporations	FAL LETTER OI FEB -S MID 34 SECRETARY OF STATE TALLANASSEE, FLORIDA
SUBJECT: <u>Lakeland 605, Inc</u> (Proposed corporate name - must include suffix) 7000036335571 -02/05/0101115021 ******78.75 ******78.75		
Enclosed is a incorporation \$70 filing fee	n original and one and a check for: <u>X</u> \$78.75 filing fee & Certificate	(1) copy of the articles of \$122.50 \$\$131.25 filing fee filing fee, & Certified Certified Copy Copy & Certificate Additional Copy Required
FROM: <u>M. Amendolagine</u> Name (printed or typed) <u>1301 Beville Road Unit</u> 7 Address		
Davtona, Florida 32119 city, state, zip 904-322-0673		

ţ.

Daytime telephone number

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

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# 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.

## NAME ARTICLE I

Lakeland Gas, Inc.

#### ARTICLE II PRINCIPAL OFFICE

1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FLORIDA 32119

#### ARTICLE III SHARES

1000 SHARES AT NO PAR VALUE

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

MARILYN AMENDOLAGINE 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FLORIDA 32119

### ARTICLE V INCORPORATOR

President/Director Secretary/Director V. President/Director V. President/Director

Khosrow Owji Carolyn Owji

Michael Amendolagine 1301 Beville Road Unit 7, Daytona, FL 32119 1766 Seneca Boulevard, Winter Springs, FL 32708 Marilyn Amendolagine 1301 Beville Road Unit 7, Daytona, FL 32119 1766 Seneca Boulevard, Winter Springs, FL 32708

Innstr Signature/Incorporator

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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