

TRANSMITTAL LETTER

P01000026902

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

300003831063--4  
-03/12/01--01117--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Manuel S. Long, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Manuel S. Long  
Name (Printed or typed)  
P.O. Box 270517  
Address  
Tampa, FL 33688-0517  
City, State & Zip  
(813) 265-4766  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 12 AM 11:04

FILED

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

w 5562

# 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:

Manuel S. Long, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 270517  
Tampa, FL 33688-0517

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be a profit corporation (without capital stock), which  
shall be operated for real estate investment transaction purposes.

## ARTICLE IV SHARES

The number of shares of stock is:

ONE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Manuel S. Long/President  
2222 Fletchers Point Circle  
Tampa, FL 33613-4172

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## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Manuel S. Long  
2222 Fletchers Point Circle  
Tampa, FL 33613-4172

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

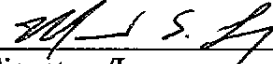
Manuel S. Long  
2222 Fletchers Point Circle  
Tampa, FL 33613-4172

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

3-5-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-5-01  
\_\_\_\_\_  
Date