

PO1000075320

TRANSMITTAL LETTER

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

SUBJECT: Longacre & Associates, Inc.
(Proposed corporate name - must include suffix)

1000004501971--7
-07/27/01--01050--006
*****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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Howard Longacre
Name (printed or typed)

PO Box 1704
Address

Dover, Fl. 33527
City, State & Zip

813-719-6176
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 27 AM 8:28

FILED

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

W01-17575
gy7/31

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Longacre & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO Box 1704
Dover, Fl. 33527

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Howard Longacre
5004 C P Keen Rd
Plant City, Fl. 33567

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Howard Longacre
5004 C P Keen Rd
Plant City, Fl. 33567

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of July, 19 2001

Howard Longacre
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Longacre & Associates, Inc.

2. The name and address of the registered agent and office is:

Howard Longacre
(Name)

5004 C P Keen Rd
(P.O. Box not acceptable)

Plant City, Fl. 33567
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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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.

Howard Longacre
(Signature)

7-24-01
(Date)