

TRANSMITTAL LETTER

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

P02000037486

LAMKINS, INC.

SUBJECT: _____

(Proposed corporate name - must include suffix)

100005196131 --8
-04/05/02--01043--028
*****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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

C.B. Lamkins, 6940 Golden Gate Pkwy, Naples FL 34105

Address

City, State & Zip

Daytime Telephone number

RECEIVED

02 APR -5 PM 2:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -5 PM 2:32

APPROVED
AND
FILED

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

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:

LAMKINS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6940 Golden Gate Pkwy, Naples FL 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to hold title to real &/or personl property & any structure & appurtenance thereon or attached thereto, to lease, convey, transfer, assign, sell and correct title to same and to do an anything necessary to accomplish same. and to act as trustee

ARTICLE IV SHARES

The number of shares of stock is:

two

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

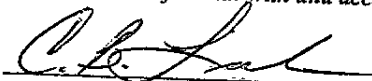
C.B. Lamkins, 6940 Golden Gate Pkwy, Naples FL 34105

ARTICLE VII INCORPORATOR

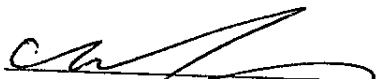
The name and address of the Incorporator is:

M. Segall, 6940 Golden Gate Pkwy, Naples FL 34105

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

4-5-02
Date


Signature/Incorporator

4-5-02
Date

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -5 PM 2:32