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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LR ASSOCIATES INC

Signature \_\_\_\_\_

Requested by: SW

Name \_\_\_\_\_

Date 7/23

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 23, 2003

CAPITAL CONNECTION, INC.

SUBJECT: L. R. ASSOCIATES, INC.  
Ref. Number: W03000020933

RECEIVED  
03 JUL 24 AM 9:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for L. R. ASSOCIATES, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 503A00042892

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

**ARTICLES OF INCORPORATION**

**OF**

**L. R. ASSOCIATES OF SOUTHWEST FLORIDA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 23 PM 1:31

The undersigned for the purpose of forming a corporation under the Florida General Corporation Act, Florida Statutes, Section 607, hereby adopts the following Articles of Incorporation:

**ARTICLE I - NAME**

The name of this corporation is L. R. ASSOCIATES OF SOUTHWEST FLORIDA, INC.

**ARTICLE II - DURATION**

The existence of this corporation shall commence with the filing of these articles. The term of existence of this corporation is perpetual.

**ARTICLE III - PURPOSE AND POWERS**

The purpose is to engage in any and all business activities permitted under the laws of the United States and the State of Florida. The affirmative vote or consent of all Shareholders and Directors is required to constitute any act or decision rendered by the corporation.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares all of one class, at \$1.00 par value common stock.

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent and office of this corporation is as follows:

Peter J. Roberts  
6566 Ilex Circle  
Naples, FL 34109

The initial street address of the principal office of the corporation in the State of Florida will be: 6566 Ilex Circle, Naples, FL 34109.

## **ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the Bylaws.

The names and addresses of the initial director of this corporation is:


Peter J. Roberts  
6566 Ilex Circle  
Naples, FL 34109

## **ARTICLE VII - INCORPORATORS**

The name and address of the person signing these Articles of Incorporation is:

Peter J. Roberts  
6566 Ilex Circle  
Naples, FL 34109


IN WITNESS WHEREOF, I have subscribed my name this 21 day of July, 2003.

  
\_\_\_\_\_  
Peter J. Roberts

STATE OF FLORIDA  
COUNTY OF LEE

On this 21 day of July, 2003, before me, a Notary Public, the undersigned officer, personally appeared Peter J. Roberts, to me known to be the person whose name is subscribed to the within instrument and she acknowledged that she executed the same for the purpose contained therein.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:



**APPOINTMENT OF RESIDENT AGENT**

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUL 23 PM 1:31

Certificate designating place of Business or Domicile for the Service of Process within this State, naming Agent upon whom process may be served and names and addresses of the Officers and Directors.

**L.R. ASSOCIATES OF SOUTHWEST FLORIDA, INC.**, a corporation under the laws of the State of Florida, with its principal office at 6566 Ilex Circle, Naples, FL 34109, has named Peter J. Roberts, as its resident agent to accept service of process within this State.

**OFFICERS**

PRESIDENT	Peter J. Roberts
VICE-PRESIDENT	Peter J. Roberts
SECRETARY	Peter J. Roberts
TREASURER	Peter J. Roberts


**DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>
Peter J. Roberts	6566 Ilex Circle Naples, FL 34109

DATED: July <sup>sr</sup>21, 2003.

**ACCEPTANCE**

I agree as Resident Agent to accept Service of Process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.

  
\_\_\_\_\_  
Peter J. Roberts