

(Requestor	's Name)
(Address)	
(Address)	
(A) (A)	51 (G) (A)
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
<u> </u>	
Office	e Use Only



04/26/04--01017--005 **78.75



TRANSMITTAL LETTER

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

SUBJECT: 1-8	66-Longans, Inc.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Colored and an area of	i	la afimammantian and	la chaole form	
Enclosed are an orig	inal and one (1) copy of the artic	sies of incorporation and	a check for:	
\$70.00	☑ \$78.7 5	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	James Marsh and Lynn Ma	areh		
FROM:	Name (Printed or typed)			
Take (France & Types)				
	98 Shenandoah			
Address				
			*	
	Galena, IL 61036			
•	City, State & Zip			
	(815) 858-2460			
Daytime Telephone number				
· · · · · · · · · · · · · · · · · · ·				

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:

1-866-Longans, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

745 Altura St. Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fruit Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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:

Diane Broder

745 Altura St.

Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Diane Broder 745 Altura St.

Port St. Lucie, FL 34952

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

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

4/14/04

Signature/Incorporator

Date

TALLAHASSEF PESTATE