

P04000145378

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

_____ \$70.00 X \$78.75 _____ \$122.50 _____ \$131.25

FROM:

Michael H. Lovett
(Name - printed or typed)

P.O. Box 934
(Address)

Bushnell, FL 33513
(City/State/Zip)

352-255-1277
(Daytime Telephone #)

ARTICLES OF INCORPORATION
OF M.H. Lovett Inc., INC.

ARTICLE I

The name of the corporation shall be: M.H. Lovett, Inc.

ARTICLE II

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

2747 CR 615
P.O. Box 934
Bushnell, Fl. 33513

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 with a par value of \$1.00 each.

ARTICLE IV

The name and address of the initial registered agent is:


William Sembower
880 N. Main St.
Bushnell, Fl. 33513

ARTICLE V

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

Michael H. Lovett
2747 CR 615
Bushnell, FL 33513

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18th day of October,


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 M. H. Lovett Inc.
2. The name and address of the registered agent and office is:
William Sembower
880 N. Main St.
Bushnell, Fl. 33513

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.

William Sembower
(Signature)

10/18/04
(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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