

PO6000049816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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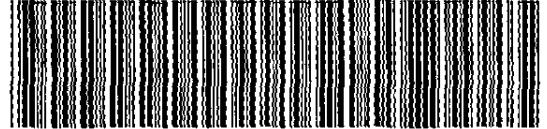
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT: Lexington-Prall Enterprises, Inc.  
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: William A. Moran, Jr.  
 Name (Printed or typed)

1234 Stamford Street  
 Address

Port Charlotte, Florida 33952  
 City, State & Zip

(941) 623-2363  
 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:

Lexington-Prall Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1234 Stamford Street  
Port Charlotte, Florida 33952**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**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):

William A. Moran, Jr.  
1234 Stamford Street  
Port Charlotte, Florida 33952, President**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:William A. Moran, Jr.  
1234 Stamford Street  
Port Charlotte, Florida 33952**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:William A. Moran, Jr.  
1234 Stamford Street  
Port Charlotte, Florida 33952

\*\*\*\*\*

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

Date

William A. Moran, Jr.

Signature/Incorporator

4-2-06

Date

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA