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SECRETARY OF STATE ALLAHASSEE, FLORIO

FILED

D. WHITE JUN 15 2006

COVER LETTER

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

SUBJECT: S. W. Long & Associates, Inc.		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the	e articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED	
FROM: Susan W. Long		
Name (Printed or typed)		
921 E. Broad St. Address		
Tampa, FL 33604 City, State & Zip		
(813) 936-0229 Dayti	ime Telephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

06 JUN 15 PM 1:21

DEPARTMENT OF STATE
DIVISION OF COLPERATIONS
TALLAMSSEE FLORIDA

June 1, 2006

SUSAN W. LONG 921 E BROAD ST TAMPA, FL 33604

SUBJECT: S.W. LONG & ASSOCIATES, INC.

Ref. Number: W06000025011

We have received your document for S.W. LONG & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 an affidavit or letter 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.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 Filing Section

Letter Number: 806A00038022

S. W. Long & Associates, Inc.

8910 N. Dale Mabry Hwy, #13, Tampa, FL 33614

June 12, 2006

Dale White
New Filing Section
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. White:

This letter is to affirm that S. W. Long & Associates, Inc. which was incorporated on November 12, 2004, and administratively dissolved on September 16, 2005, (see attached documents) will not be reinstate. Thus, the name should be released for use to another entity.

Sincerely,

Šusan W. Lond

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

06 JUN 15 PM 8: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

S. W. Long & Associates, TNC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8910 N. Dale Mabry Hwy, #13 Tampa, FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate a TAB franchise/Corporate Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Susan W. Long, 921 E. Broad St., Tampa, FL 33604 - President & Treasurer Clayton S. Long, III, 190 112th Ave, N, Apt 206, St. Petersburg, FL 33716 - V.P Susan H. Long, 8502 16th St, Apt 109, Silver Springs, MD 90910 - Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Susan W. Long, 921 E. Broad St., Tampa, FL 33614

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Susan W. Long, 921 E. Broad St., Tampa, FL 33604

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agen

Signature/Incorporator

Date

Date