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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941) 364-2488 82
Fax Number : (941) 364-2490

FLORIDA PROFIT/NON PROFIT CORPORATION

LYNGHALS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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2007 MAY 29 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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May-29-07

02:43pm

From-Kirk Pinkerton SN#RCO-012326

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KIRK PINKERTON

A PROFESSIONAL ASSOCIATION

P. O. BOX 3798

720 S. ORANGE AVENUE

SARASOTA, FLORIDA 34236

TELEPHONE 941-364-2400

TELECOPIER 941-364-2490

FAX COVER SHEET

DATE: May 29, 2007

Attn: Diane / State of Florida, Division of Corporation
Fax: (850) 245-6804 / Telephone No.: (850) 245-6052

FROM: David M. Silberstein, Esq. // Jessica

TOTAL NUMBER OF PAGES (Including this page): 5

RE: Lyngghals, Inc.

MSG: Per our conversation, please file this corporation as soon as possible and fax a confirmation back to this office if possible; in the alternative, a phone call confirming filing would be very much appreciated. Thank you so much for your help.

IF YOU HAVE PROBLEMS RECEIVING THIS MESSAGE,
PLEASE CALL: Jessica AT (941) 364-2481

THIS MESSAGE IS BEING SENT ON PANAFAX AUTOMATIC TELECOPIER

ID :
CLIENT #:
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DATE: _____
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CONFIRMED

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ARTICLES OF INCORPORATION

OF

LYNGHALS, INC.

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

Article 1. Name. The name of the Corporation is:

LYNGHALS, INC.

Article 2. Mailing Address. The mailing address of the Corporation is:

One Beach Drive SE, Suite 220
St. Petersburg, Florida 33701

Article 3. Duration. The duration of the Corporation is perpetual.

Article 4. Purpose. The general purposes for which the Corporation is organized are the following:

A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act. No other purpose limits this general purpose in any way.

B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

Prepared by: David M. Silberstein, Esq.
Kirk Pinkerton, P.A.
50 Central Avenue, Suite 700
Sarasota, Florida 34236
(941) 364-2481
Atty. Bar #0436879

Fax Audit No. H07000143682 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 5. Capital Stock. The aggregate number of shares which the Corporation is authorized to issue is 10,000 shares of common stock. Such shares shall be of a single class and shall have \$0.10 par value.

Article 6. Initial Registered Office and Agent. The street address of the initial Registered Office of the Corporation One Beach Drive SE, Suite 220, St. Petersburg, Florida 33701, and the name of its initial Registered Agent at that address is Thomas C. Roberge.

Article 7. Incorporator. The name and address of the Incorporator is as follows:

Grjótháls ehf,	Lynghálsi 4
an Icelandic corporation	110 Reykjavík
	Iceland

Article 8. Amendment. The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

Article 9. Indemnification. The Corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law.

Article 10. Commencement of Corporate Existence. In accordance with Section 607.0203, Florida Statutes, the date when corporate existence shall commence is the date of execution by the incorporator of these Articles of Incorporation. In the event these Articles of Incorporation are not filed within the time period set forth in Section 607.0203, Florida Statutes, the date when corporate existence shall commence is the date of filing by the Secretary of State.

IN WITNESS WHEREOF, the undersigned Incorporator has signed these Articles of
Incorporation on this 29 day of May, 2007.

GRJÓTHÁLS EHF, an Icelandic corporation,
Incorporator


PETUR GUDMUNDSSON, Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of LYNCHALS,
INC. which is contained in the foregoing Articles of Incorporation, and agrees to comply with the
provisions of all statutes relative to the proper and complete performance of his duties, and accepts
the duties and obligations of Section 607.0505, Florida Statutes.

DATED this 29 day of May, 2007.


THOMAS C. ROBERGE
Registered Agent

2007 MAY 29 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000062400			
1. Entity Name HP/CFD, LLC			
Principal Place of Business 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216		Mailing Address 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-8245541	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLEY, W. ALEX 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$80.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President W Alex Coley 6675 Corporate Center Pkwy Jax, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jeffrey Conn 6675 Corp. Center Pkwy Jax, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000711882 04/26/07-80025-001 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

56

DOCUMENT # L06000064576

1. Entity Name

FAITH LIMITED LIABILITY COMPANY



FILED

2007 MAY 24 P 2: 25



Principal Place of Business
1221 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707
US

Mailing Address
1335 BENNETT DR.
SUITE 145
LONGWOOD, FL 32750
US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. **BLUE HORIZONS
1335 BENNETT DR**

Suite, Apt. #, etc.

City & State **UNIT #145
LONGWOOD, FL 32750**

City & State

Zip Country

Zip Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSEN, GARY C SR.
1863 POINCIANA RD
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2007

300097944176

04/23/07--01005--003 **200.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**President
Gary Larsen
1335 Bennett Dr. Suite 145
Longwood FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP - Marty Olson
Same as Above**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gary C. Larsen Sr. **GARY C. LARSEN SR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #