

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001061953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ROBERT M. JOHNSON, P.L.

Account Number: I20060000159

Phone

: (941)906-1480

Fax Number

: (941)951-7702

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

glarsen@larsenco.net Email Address:__

DOMESTICATION LARSEN & COMPANY, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$128.75

Electronic Filing Menu

Corporate Filing Menu

Help

H14000106195 3

COVER LETTER

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

UBJECT: LAF	RSEN & COMPA	NY, INC. ate name - <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:	GAILYN L. LARSEN
	Name (Printed or typed)
	2282 HARBOUR COURT DRIVE
	Address
	LONGBOAT KEY, FL 34228
	City, State & Zip
	Daytime Telephone number
	GLARSEN@LARSENCO.NET
	E-mail address: (to be used for future annual report notification)

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

H14000106195 3

. .

P. 003/005

A CRETARY OF STACK

OIVISION OF PERFORMS

H14000106195 3

2814 MAY -2 PM 12: 48

CERTIFICATE OF DOMESTICATION

Th	e undersigned, _	GAILYN L	. LARSEN	_	PRESIDENT
	J ,		(Name)	7 MANAGEMENT	(Title)
of.	LARSEN &	COMPANY,			a foreign corporation,
in a	accordance with	(Corporati s. 607,1801, F	on Name) Iorida Statutes, doe	s hereby certify:	
1.	The date on wh	nich corporation	n was first formed v	JANUARY	1997
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was				
3.			mmediately prior to	the filing of this C	Certificate of Domestication
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant				on, to be filed pursuant to	
			h this certificate is _ OMPANY, INC.		
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was PENNSYLVANIA				
6.	Attached are F to s. 607.1801.		of incorporation to c	omplete the domes	tication requirements pursuant
l aı	m PRESIDEN	<u>r</u> , of	LARSEN & COM	PANY, INC.	
	d am authorized this the <u>- 2 - أ</u> ط	-	rtificate of Domesti AY	cation on behalf of	the corporation and have done
			91.2	2.	
			(Adthorized	Signature)	
		•	Filing	Kee·	
		Certificate of	f Domestication		\$ 50.00
			eorporation and C	Certified Copy	\$ 78.75 6138.75

MAY-02-2014(FRI) 14:58

JOHNSON BROWNING CLAYTON

(FAX)9419517702

H14000106195 3

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

2814 HAY - 2 PM 12.

AVISION OF PORT OF ASIL

ARTICLE I NAM The name of the corporati	E LARSEN & COMP	PANY, INC.
ARTICLE II PRIN	CIPAL OFFICE	
	Principal <u>street</u> address JR COURT DRIVE	Mailing address, if different is: SAME ADDRESS
LONGBOAT K	(EY, FL 34228	· · · · · · · · · · · · · · · · · · ·
<u> </u>		
ARTICLE III PURI The purpose for which the	POSE te corporation is organized is: TO CO	NDUCT ALL LAWFUL BUSINESS
SPECIALIZING	G IN CONSULTING IN TH	E TRANSPORTATION
INDUSTRY.		
	all bis (seedings	
ARTICLE IV SHA The number of shares of s	RES 10 000	
The number of shares of	stock is:	
	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>
Name and Title	GAILYN L. LARSEN	Name and Title:
Address	2282 HARBOUR COURT DRIVE	Address:
	LONGBOAT KEY, FL 34228	
Name and Title:		Name and Title:
Address		Address:
•		Name and Title:
Address		Address:

MAY-02-2014(FRI) 14:58 JOHNSON BROWNING CLAYTON

(FAX)9419517702

P. 005/005

HATSON OF DENI OF AND

(conti.)

H14000106195 3

2014 MAY -2 PM 12: 48

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> Iorida street address (P.O. Box NOT acceptable) of	the recidence count is
Name:	GAILYN L. LARSEN	ise registered again is.
Address:	2282 HARBOUR COURT DRIVE	
	LONGBOAT KEY, FL 34228	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	digess of the Incorporator is:	
Name:	GAILYN L. LARSEN	
Address:	2282 HARBOUR COURT DRIVE	
	LONGBOAT KEY, FL 34228	
Having been nat	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	91123	5/2/14
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a yes provided for in s.817.155, F.S.
	Required Signature/Incorporator	5/2/14
	Kequired Signature/Incorporator	Date