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COVER LETTER

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

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SUBJECT: L	_arv	enz Engineering	g, Inc. Ate name – <u>must incl</u> i	UNE SUFFEX)
Enclosed are a	n origi	nal and one (1) copy of the ar		
■ \$70 Filing I		\$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	, G	reg Larvenz		
FRUIV	4:		e (Printed or typed)	
	39	21 Northwest 5	9 Avenue	
			Address	

Gainesville, FL 32653

954-328-5018

larvenz@aol.com

E-mail address: (to be used for future annual report notification)

City, State & Zip

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, Florida Statutes (Profit)

ARTICLE I: NAME

The name of the corporation shall be: LARVENZ ENGINEERING, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal street address and mailing address for the corporation shall be 3921 Northwest 59 Avenue, Gainesville, Florida 32653.

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is for all lawful business parp

ARTICLE IV: SHARES

The number of shares of stock shall be 1,000 shares of common stock at a par value \$1.00 per share.

ARTICLE V: INITIAL OFFICERS

The name and address of the President of the corporation shall be: Greg Larvenz, 3921 Northwest 59 Avenue, Gainesville, Florida 32653.

The name and address of the Vice President, Secretary and Treasurer shall be: Donna Larvenz, 3921 Northwest 59 Avenue, Gainesville, Florida 32653.

ARTICLE VI: REGISTERED AGENT

The name and street address of the registered agent shall be: Greg Larvenz, 3921 Northwest 59 Avenue, Gainesville, Florida 32653.

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator shall be: Greg Larvenz, 3921 Northwest 59 Avenue, Gainesville, Florida 32653.

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 of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Florida Statute, section 817.155

Signature of Incorporator

Daté