

PLS00018664

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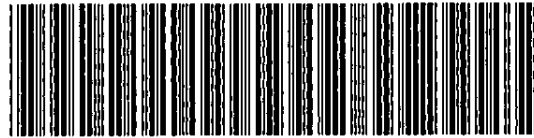
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 26 2015

T. SCOTT



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DEPARTMENT OF STATE  
DIVISION OF BUSINESS REGISTRATION  
15 FEB 26 AM 10:37  
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SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
15 FEB 26 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: LRP Enterprise Franchisee for Snapon Tools 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: LeeRoy Pafford Jr

Name (Printed or typed)

218 GlenBrook ct

Address

Tallahassee FL 32317

City, State & Zip

850-274-9112

Daytime Telephone number

LeeRoy.Pafford@Snapon.com

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

**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: LRP Enterprise Franchisee for Snapon Tools Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

218 GlenBrook ct

Tallahassee Fl 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LeeRoy Pafford jr is a Authorized Franchisee  
for Snapon Tools. Have one franchisee will have more in the near future.  
Must be Incorporated for Insurance Health and Auto .

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LeeRoy Pafford Jr (P)

Name and Title: \_\_\_\_\_

Address 218 GlenBrook ct

Address: \_\_\_\_\_

Tallahassee fl 32317

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

15 FEB 26 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

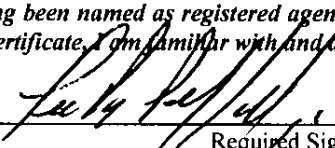
Name: LeeRoy Pafford jr  
Address: 218 GlenBrook Ct  
Tallahassee Fl 32317

**ARTICLE VII INCORPORATOR**

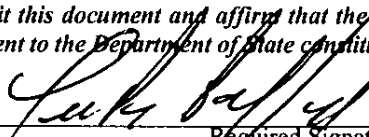
The name and address of the Incorporator is:

Name: LeeRoy Pafford jr  
Address: 218 GlenBrook ct  
Tallahassee Fl 32317

*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*

 2/26/15  
Required Signature/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 s.817.155, F.S.*

 2/26/15  
Required Signature/Incorporator Date