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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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

Email Address: _____

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INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
LONG LANE CONSULTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

AUG 03 2017

T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME LONG LANE CONSULTING, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
9041 Windswept Drive
Bonita Springs, FL 34135

Mailing address, if different is:
9041 Windswept Drive
 Bonita Springs, FL 34135

ARTICLE III PURPOSE

ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real estate consulting

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ellis Cook, President

Address 9041 Windswept Drive
Bonita Springs, FL 34135

Name and Title: Ellis Cook, Director

Address: 9041 Windswept Drive
Bonita Springs, FL 34135

Name and Title: _____

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ellis Cook
Address: 9041 Windswept Drive
Bonita Springs, FL 34135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ellis Cook
Address: 9041 Windswept Drive
Bonita Springs, FL 34135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

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.

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.

Required Signature/Incorporator_____
Date