

P21 0000 93240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

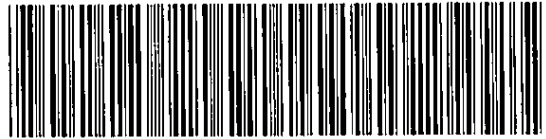
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 OCT 29 PM 1:40
RECEIVED
2021 OCT 29 PM 12:02
DEPT OF STATE
TALLAHASSEE, FLA.

[Handwritten signature]

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/29/2021

****WALK IN****

ENTITY NAME Longclaw, Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

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TALLAHASSEE, FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

S R M

COVER LETTER

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

SUBJECT: Longclaw, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SunDoc Filings
Name (Printed or typed)

7801 Folsom Blvd, Suite 202
Address

Sacramento, CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

chris@pacificgrouppla.com
E-mail address: (to be used for future annual report notification)

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

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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: Longclaw, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1300 Sawgrass Corporate Pkwy, Suite 110
Sunrise, FL 33323

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

to engage in the business of finance and any other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary DePew, President

Name and Title: Gary DePew, Vice President

Address 1300 Sawgrass Corporate Pkwy
Suite 110
Sunrise, FL 33323

Address: 1300 Sawgrass Corporate Pkwy
Suite 110
Sunrise, FL 33323

Name and Title: Gary DePew, Secretary

Name and Title: _____

Address 1300 Sawgrass Corporate Pkwy
Suite 110
Sunrise, FL 33323

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ADVISORY

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: Sundoc Filings Incorporated
Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tressa White
Address: 7801 Folsom Blvd, Suite 202
Sacramento, CA 95826

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TALLAHASSEE, FLORIDA

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 listed 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

/s/ Stan Huser

Required Signature/Registered Agent

10/20/21

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.