

P22000078302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

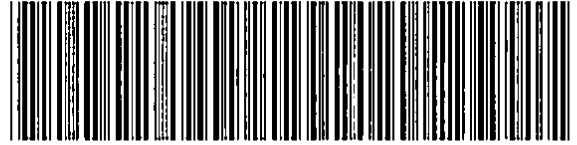
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT 13 2022

RECEIVED  
2022 OCT 13 AM 11:16  
ALLAHASSEE, FL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 OCT 13 PM 3:56

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 025089 4365401

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : October 13, 2022

ORDER TIME : 10:26 AM

ORDER NO. : 025089-005

CUSTOMER NO: 4365401

DOMESTIC FILING

NAME: FAIRLEA, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

# 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: Fairlea, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

3103 Fairlea Lane

Valrico, Florida 33595

Mailing address, if different is:

Same as Principal Office Address

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct all lawful business.

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## ARTICLE IV SHARES

The number of shares of stock is: 1,000 Common Shares, Par Value \$1.00 Per Share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Monson, Director & President

Address 3103 Fairlea Lane

Valrico, Florida 33595

Name and Title: James M. Sack, Director & VP

Address: 8270 Greensboro Drive, Suite 810

McLean, Virginia 22102

Name and Title: Joel K. Smith, Director & Secretary

Address 8270 Greensboro Drive, Suite 810

McLean, Virginia 22102

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Joel K. Smith  
Address: 8270 Greensboro Drive, Suite 810  
McLean, Virginia 22102

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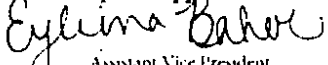
**ARTICLE VIII EFFECTIVE DATE:**

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.

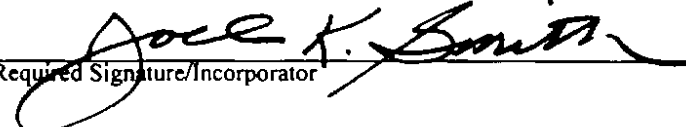
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Assistant Vice President  
Required Signature/Registered Agent

10/13/2022

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

10/13/2022

Date