

223000045158

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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INC

1. **LONG LASTING GOODS INC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: LONG LASTING GOODS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5276 long rd APT F
ORLANDO, FL 32808

Mailing address, if different is:
5276 long rd APT F
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE CLEMENTS -P Name and Title: _____

Address 5276 long rd APT F Address: _____
ORLANDO, FL 32808

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2013 JUN 3 PM 1:49
SECRETARY OF STATE
FLORIDA

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: CHRISTINE CLEMENTS

Address: 5276 Long Rd APT F
Orlando, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTINE CLEMENTS

Address: 5276 Long Rd APT F
Orlando, FL 32808

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

CBM

Required Signature/Registered Agent

6-13-23

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.

CBM

Required Signature/Incorporator

6-13-23

Date

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