

P24000000369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

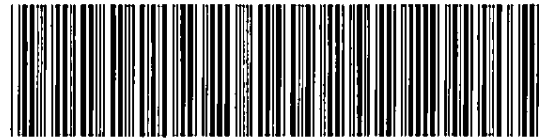
(Document Number)

Certified Copies _____

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/28/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1217167

ORDER ENTITY

LONG GRASS MANAGEMENT CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

LONG GRASS MANAGEMENT CORP. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Paul@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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 Grass Management Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

150 Airport Road, Suite 900

Lakewood, NJ 08701

Mailing address, if different is:

150 Airport Road, Suite 900

Lakewood, NJ 08701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is to engage in any lawful act or activity for which corporations may be organized in compliance with Chapter 607 and/or Chapter 621, F.S.

ARTICLE IV SHARES

The number of shares of stock is: 200, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Rosen Director

Address 150 Airport Road, Suite 900

Lakewood, NJ 08701

Name and Title:

Address:

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 AGENT

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

Name: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erica Rosen

Address: 150 Airport Road, Suite 900

Lakewood, NJ 08701

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/ Lisa A. Delaney By: Lisa A. Delaney
Assistant Secretary of NRAI Services, Inc. 12-28-2023
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.

/s/ Erica Rosen 12-28-2023
Required Signature/Incorporator Date

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