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RECEIVED

TRANSMITTAL LETTER JAN -6 PM12:42

DIVISION OF CORPORATION

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

200001372242
-01/06/95--01036--001
*****78.75 *****78.75

SUBJECT: Longleaf Foresters, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

95 JAN -6 PM12:42

FROM:

Marra Isabel Esquivel Poncey
Name (printed or typed)

192 Deer Ridge Trail
Address

Tallahassee, FL 32312
City, State & Zip

904/893-3293
Daytime Telephone number

will
wait

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

KAN 1-6

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 JAN -6 PM 12:42

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Longleaf Foresters, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

192 Deer Ridge Trail
Tallahassee, FL 32312

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Isabel Esquivel Pouncey
192 Deer Ridge Trail
Tallahassee, FL 32312

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Maria Isabel Esquivel Poncey
192 Deer Ridge Trail
Tallahassee, FL 32312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of January, 1995.

Maria Isabel E. Poncey
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Longleaf Foresters, Inc.

2. The name and address of the registered agent and office is:

Maria Isabel Esquivel Poncey
(Name)

192 Deer Ridge Trail
(P.O. Box ~~not~~ acceptable)

Tallahassee, FL 32312
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maria Isabel E. Poncey
(Signature)

1/6/95
(Date)