# 795000034023

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

700001467717 -04/28/95--01017--011 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:sou	THWEST FLORI	DA LAND GROUP,	INC.	t.
ſ	Proposed corporate	name - must include si	uffix)	ation and a check from 25 see, Copy cate
Enclosed is an origina for :	il and one (1) co	py of the articles of	of incorpora	ntion and a check
\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Cop	s131 Filing F Certified & Certifie y Require	.25 ee, Copy cate
FROM:	P.O. BOX	Address		FILED FILES
	813 69	y, State & Zip  3-7171  Telephone number  MAY 2	N95-97	780
		70	05	MAY 1 7 1995

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 2, 1995

MARLENE K. THOMPSON P. O. BOX 626 ALVA, FL 33920

SUBJECT: SOUTHWEST FLORIDA LAND GROUP, INC. Ref. Number: W95000009280

We have received your document for SOUTHWEST FLORIDA LAND GROUP, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 295A00021105

#### AFFIDAVIT

I understand that the corporatin known as SOUTHWEST FLORIDA LAND GROUP, INC., document number L97134 has been administratively dissolved.

I hereby agree to assign the name to Marlene K. Thompson and I further agree I will not apply for reinstatement of this corporation or trade name.

Signed

TOHN THOMPSON

Sworn to and subscribed before me this

34. day of APRIL 1995

Notary

Personally Known

Type of ID

Type of ID

Signed

Tohn Thompson

(seal)

Sworn to and subscribed before me this

(seal)

## ARTICLES OF INCORPORATION

FILED 95 HAY 17 PH 12: 19

SECRETARY OF STATE

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

> ARTICLEI NAME

The name of the corporation shall be:

SOUTHWEST FLORIDA LAND GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

3711 Palm Beach Beach Blvd. Ft. Myers, FL 33916

ARTICLE III **SHARES** 

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

500 Shares of voting common stock of \$1 par value with no preemptive rights.

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

MARLENE K. THOMPSON 21630 PEARL ST. P.O. BOX 1024 ALVA, FL 33920

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MARLENE K. THOMPSON, PRESIDENT/DIRECTOR

21630 PEARL STREET/P.O. BOX 1024

**ALVA, FL 33920** 

This corporation shall have one director initially. The number of directors shall be determined by majority vote of the stock-holders from time to time but shall never be less than one.

John L. Thompson, Secretary/Treasure

3711 Palm Beach Blvd.

Ft. Myers, FL 33916

The und	ersigned inco	rporator(s) has(h	ave) execu	ted these A	rticles of Ir	ocorporation this
24	day of	Apric	<del></del>	, 19 <u>95</u>	·	
		Mailone J.	Min Sign	consort.	Pors	<u>Dieck</u> i
			Sign	ature	<del></del>	
		<del></del>	Sign	ature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 o	corporation is:	SOUTHWEST F	LORIDA LAND G	ROUP, INC.
	-			
2. The name and ad	ldress of the registe	ered agent and office is:		2
		RLENF K. THOMPSON	N	15000000000000000000000000000000000000
		(NAME)		10000000000000000000000000000000000000
	371	11 PALM BEACH BLV	/D.	SEA CHE TO
	(P.O. Box	or Mail Drop Box NOT ACCI	EPTABLE)	TOTAL S
	FT.	MYERS, FL 33916	<b>;</b>	B.C.
•	<del></del>	(CITY/STATE/ZIP)		
igent and agree to a	act in this capacity. Tand complete per	ent and to accept serve this certificate, I hereby I further agree to comp formance of my duties, a lagent.	accept the appoint	ment as registered
Marlen	K. Shom (SIGNATURE)	14 <i>0</i> ~	<u>4-24</u> (Date)	-95

# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FROMMED FLORIDA DEPARTMENT OF STATE

**APPLICATION FOR** REINSTATEMENT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 SEP 20 FH 3: 48

SECRETARY OF STATE

**DOCUMENT #** 

P95000039023

1 Corporation Name				TALLAHASSEE, FLORIDA					
SOU	THWEST FLORIDA LAN	ND GROUP	P, INC.						
Principal Place of Business Mailing Address					-				
3711 PALM BEACH BLVD FT MYERS FL 33916			3711 PALM BEACH BLVD FT MYERS FL 33916						
	e addresses are incorrect in any way line Principal Office Address. If Applicable			nd anter correction below dress, if Applicable	A Data Inna	and the Continue			
Suite Apt K etc						4 Date Incorporated or Qualified To Do Business in Florida 			
		Suite. Apr	Suite. Apt # etc		5 FEI Number		Applied For		
City & St	Inte	City & Stat	ie			<b>05</b> 84343	Not Applicable		
Zip	Country	Zip		Country	CERTIFICAT		Additional Fee required a Certificate of Status		
7 Name	ns and Street Addresses of Each Officer of		Florida nonprolit			T			
Title(:	Nume of Officers and/or Directors 2		3 (Do	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip			
DP	- THOMPSON, MARLENE K		21630 PEARL ST			ALVA FL 33920			
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			+			700001S	<u> </u>		
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						TATEMENT	y day al		
<del></del>	8. Name and Address of Curr	ent Registered A	gent	Name	9. Nama and	Address of New Registered Ag	dat		
TH	OMPSON, MARLENE K				6- 11-1-				
	830 PEARL ST			Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
P O BOX 1024 ALVA FL 33920				Suite, Apt. #. Etc	C.				
			City	City State Zip Code					
10 l, be	ang appointed the registered agent of the	oo beman evcda	rporation, am la	imiliar with and accept the o	obligations of Sec		<del></del>		
Signature Registere	e of Agent Mailere 7	REGISTERED	AGENT MUST	SIGN		Date 9-17-96	5		
11. C	Does this corporation pay Dept. of Revenue under	y any intar S. 199.032	ngible tax 2, Florida	to the Statutes. Yes	No 🗵	(See other side f			
12 I cert this re owed	tify that I am an officer or director or the re reinstatement application, the reason for of d by the corporation have been paid and its application is true and accurate, and m	receiver or trustne dissolution has bei the numes of indiv	e empowered to open eliminated, it includes the control of the con	execute this application as the corporate name satisfier of this form do not quality for	is the requirements or an exemption un	s of section 607.0401 or 617.0401	t, F.S., that all fees		

9-17-96 941-693-7171 Date Dayline Phone 8