# P95000065100

### TRANSMITTAL LETTER

funding 1 " day 1 mg Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (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 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate Additional Copy Required FROM: Name (printed or typed) City, State & Zip Daytime Telephone number

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

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## ARTICLES OF INCORPORATION AND THE AM DESS

TALLARASSEEFEORIDA

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

Lugar Line All Commences

ARTICLE II PRINCIPAL OFFICE

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

The State of the State of the MARCHARA FROM SOLES

ARTICLE III SHARES

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

( (A) ((A) (A) (A) (A) (A)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

1398 A MARCH ST. 32063

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and it form

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

15 day of 19 19 19

Signature

Signature

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 STATEMEN! IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1	The name of the corporation is	Alexander	21	1. 71 %	<u>_</u>	
2	The name and address of the register	el agent and office is	12	<del></del>		
		(Name)	<u> </u>			
		( vana)				
	(ГО Вок от	(P O Box or Mail Drop Box NOT ACCEPTABLE)				
		(CITY/STATE/ZIP)				
		(CITY/STATE/ZIP)				
cor age rela	ving been named as registered age poration at the place designated in the place designated in the ent and agree to act in capacity ating to the power and amplete performances of my or ion as registered.	nis certificate. I hereby I further agree to con ormance of my duties,	accept the appointmently with the provision	ent as registei ns of all statu	reĽ ues	
	(SIGNATURE)		×1 12	5	4,1926 	
	(Signature)		(DATE)	<u> </u>		
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DIVISION OF CORPORATIG. 3, P. O. BOX 6327, TALLAHASSEE, FL 32314