# P97000067396



ACCOUNT	NO		072100000032
TCCOOM?	110.	•	0/210000002

REFERENCE: 482889 81557A

AUTHORIZATION atucia Parit

COST LIMIT : \$ 70.00

ORDER DATE : August 1, 1997

ORDER TIME : 10:19 AM

ORDER NO. : 482889-005

CUSTOMER NO: 81557A

100002254821--7

CUSTOMER: Mark F. Mooney, Esq.

MARK F. MOONEY, ESQ

1211 W. Fletcher Avenue

Tampa, FL 33612

#### DOMESTIC FILING

INVESTMENTS

NAME:

STRICKLAND ENTERPRISES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tonya C. Holliday

EXAMINER'S INITIALS:

W9717800

97 AUG -1 AH 9: 52
SEUTLANSSEE, FLORIDA



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

August 1, 1997

RESUBMIT Please give original

submission date as file date

**CSC NETWORKS** 1201 HAYS ST. TALLAHASSEE, FL 32301-2607

SUBJECT: STRICKLAND ENTERPRISES, INC. Ref. Number: W97000017800

We have received your document for STRICKLAND ENTERPRISES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6052.

Sandy Ng **Document Specialist** 

Letter Number: 297A00039328

PECEIVED

97 AUG -4 PH 4: 12

Oivision of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### ARTICLES OF INCORPORATION

OF

97 AUG - 1 AM 9:52

SECILLIVATION STATE
TALLAHASSEE, FLORIDA

STRICKLAND INVESTMENTS, INC.

The undersigned, for the purpose of forming a Corporation under the Florida Business Corporations Act, does hereby adopt the following Articles of Incorporation.

### Article I - Name

The name of this Corporation is Strickland INVESTMENTS, Inc. The principal place of business of this Corporation shall be 13121 N. 25th St., Tampa, Florida, 33612, and the mailing address shall be P.O. Box 280447, Tampa, Florida 33682, or such other place as may be designated by the Board of Directors.

## Article II - Capital Stock

The Corporation shall have the authority to issue 1,000 shares of common stock, no par value.

## Article III - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 13121 N. 25th St., Tampa, Florida, 33612, and the mailing address is P.O. Box 280447, Tampa, Florida 33682. The initial registered agent of this Corporation is Timothy H. Strickland.

# Article IV - Incorporator

The name and address of the person signing these Articles as the incorporator is:

Timothy H. Strickland P.O. Box 280447 Tampa, Florida 33682

IN WITNESS WHEREOF, the undersigned Incorporator has

executed these Articles of Incorporation, this 24th day of July, 1997.

Timothy H. Strickland

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing Articles of Incorporation were acknowledged before me this z/z day of July, 1997 by Timothy H. Strickland, who is personally known to me or who has produced a Florida Drivers License as identification and did not take an oath.

(Signature of Notary)

(Printed Name of Notary)

NOTARY PUBLIC

State of Florida At Large

My Commission Expires:

MARY L. COSTELLO
MY COMMISSION # CC361965 EXPIRES
April 6, 1998
BONDED THRUTTON FAMINISURANCE, INC

EAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505 FEORIDA STATUTES.

Timothy H. Strickland,

Registered Agent

9:51 STATE LORID