

P97000080657

TRANSMITTAL LETTER

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

SUBJECT:

Singleton Enterprises, Inc.

(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 17 PM 2:54

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

ADDITIONAL COPY REQUIRED

FROM:

Sheryl B Singleton

Name (Printed or typed)

3153 Palmer Circle

Address

Tallahassee, FL 32303

City, State & Zip

(850) 562-5299

Daytime Telephone number

400002296324--9

-09/17/97--01116--008

*****70.00 *****70.00

Will wait

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

*9-17-97
WS*

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Longevity Enterprise, Inc. of Tallahassee

ARTICLE II PRINCIPAL OFFICE

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

3153 Federal Circle
Tallahassee, FL 32303

ARTICLE III SHARES

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

67

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sheryl B. Singletary
3153 Federal Circle
Tallahassee, FL 32303

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sheryl B. Singletary
3153 Federal Circle
Tallahassee, FL 32303

S/S Singletary

Signature/Incorporator

17 Sep 94

Date

(An additional article must be added if an effective date is requested.)

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

S/S Singletary

Signature/Registered Agent

17 Sep 94

Date

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