

TRANSMITTAL LETTER

P 97 0000 97979

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

100002347231--8
-11/14/97--01042--016
****122.50 ****122.50

SUBJECT:

LARGO OAKS, 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

ADDITIONAL COPY REQUIRED

FROM:

TERESA L. MALKE

Name (Printed or typed)

POST OFFICE BOX 2124

Address

LARGO, FL. 33779-2124

City, State & Zip

(813) 585-5401 or (813) 584-8350

Daytime Telephone number

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

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:

LARGO OAKS, INC.

ARTICLE II PRINCIPAL OFFICE

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

POST OFFICE BOX 2124
LARGO, FLORIDA 33779-2124

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

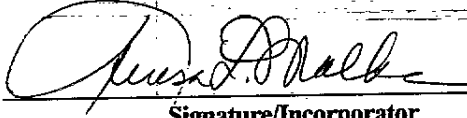
The name and Florida street address of the initial registered agent are:

TERESA L. MALKE
624 EAST BAY DRIVE
LARGO, FLORIDA 33770

ARTICLE V INCORPORATOR

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

TERESA L. MALKE
POST OFFICE BOX 2124
LARGO, FLORIDA 33779-2124



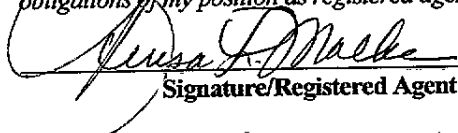
Signature/Incorporator

NOVEMBER 10, 1997

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



Signature/Registered Agent

11/10/97

Date

FILED
97 NOV 14 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA