# P980000882

Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

5**00002638476**--2 -09/14/98--01090--013 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	LinWay,	Inc.				
_		(Proposed	corporate name - must includ	e suffix)	<del></del>	
Enclosed is an o	riginal and on	e(1) copy of the article	es of incorporation and a	check for :	-	
☐ \$70.0 Filing Fe		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
			ADDITIONAL CO	PY REQUIRED		
FRC	OM: <u>Ca</u>	Carol A. Perantie  Name (Printed or typed)			98 SEP	400-400)
	51	5139 Trouble Creek Road  Address				



(813) 845-6111

Daytime Telephone number

City, State & Zip



New Port Richey, FL 34652

# FILED

98 SEP 14 AM 10: 13

SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### 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: LinWay, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

5113 U.S. Hwy. 19 New Port Richey, FL 34652

### ARTICLE III SHARES

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

1000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Linda A. Baker 5113 U.S. Hwy. 19 New Port Richey, FL 34652

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Linda A. Baker 5113 U.S. Hwy. 19 New Port Richey, FL 34652

Signature/Incorporator

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

LINDA A. BAKER

Date