

TRANSMITTAL LETTER

P99000099224

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

300003041573--8
-11/10/99--01090--008
****157.50 ****78.75

SUBJECT: LAND PRO 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CECILIA F. PENNISI
Name (Printed or typed)

21331 AARON CT.
Address

LUTZ, FL 33549
City, State & Zip

813 - 909-0237
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 10 AM 9:47

FILED

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

T. Burch NOV 12 1999

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:

LAND PRO INC

ARTICLE II PRINCIPAL OFFICE

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

1900 LAND O' LAKES BLVD SUITE 109
LUTZ, FL 33549

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAUL S. PENNISI
21331 AARON CT
LUTZ, FL 33549

ARTICLE V INCORPORATOR

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

CECILIA F. PENNISI 21331 AARON CT. LUTZ, FL
33549

Cecilia F. Pennisi

Signature/Incorporator

11/5/99

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

Paul S. Pennisi

Signature/Registered Agent

11/2/99

Date

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99 NOV 10 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA