

P02000128775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

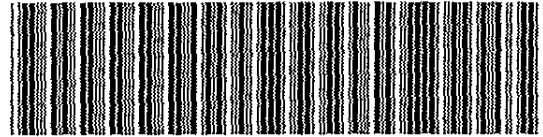
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2002 DEC -4 PM 3:18
STATE
CLERK

12-06-02

TRANSMITTAL LETTER

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

SUBJECT: MITCH BRANCH & ASSOCIATES, INC. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Name

JAMES MITCHELL BRANCH

Address

6114 GOODMAN ROAD SUITE # 2

City, State, & Zip

JACKSONVILLE, FL. 32244

Telephone Number

904-317-0010

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

OF

MITCH BRANCH & ASSOCIATES, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

MITCH BRANCH & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

6114 GOODMAN ROAD SUITE # 2
JACKSONVILLE, FL 32244

ARTICLE III CAPITAL STOCK

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

100,000

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2022 DEC -4 PM 3:18
CLERK OF DISTRICT COURT
STATE OF FLORIDA

**ARTICLE IV INITIAL REGISTERED
AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JAMES MITCHELL BRANCH

8182 LOCH LOMOND LANE

JACKSONVILLE, FL 32244

ARTICLE V INCORPORATOR(S)

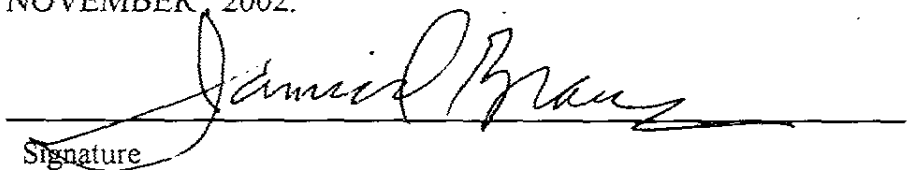
The name(s) and address(es) of the incorporator(s) to these
Articles of Incorporation is(are)

JAMES MITCHELL BRANCH

8182 LOCH LOMOND LANE

JACKSONVILLE, FL 32244

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
18th day of NOVEMBER, 2002.


Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MITCH BRANCH & ASSOCIATES, INC.
2. The name and address of the registered agent and office is:

JAMES MITCH BRANCH

(Name)

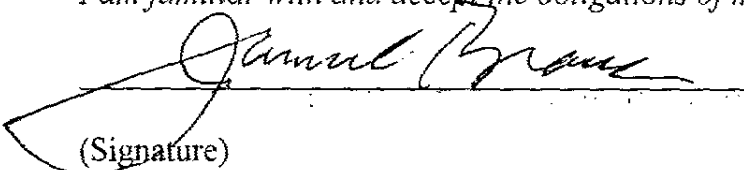
8182 LOCH LOMAND LANE

(Post Office Box *not* acceptable)

JACKSONVILLE, FL 32244

(City/State/Zip)

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)

11/18/02

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL