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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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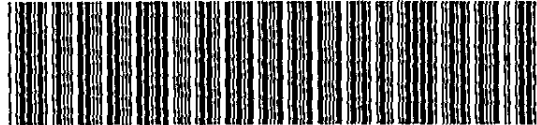
(Business Entity Name)

(Document Number)

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04 JUN 14 PM 2:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

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

SUBJECT: TANYA P. O'CONNOR, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Tanya P. O'Connor  
Name (Printed or typed)

1511 N. Morgan Street  
Address

Tampa, FL 33569  
City, State & Zip

813 / 223-2044  
Daytime Telephone number

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

**TANYA P. O'CONNOR, P.A.**  
**NURSE ATTORNEY & COUNSELOR AT LAW**

**ARTICLES OF INCORPORATION**

**Article I**  
**Name of Professional Association**

TANYA P. O'CONNOR, P.A.

**Article II**  
**Principle Place of Business**

The Association's offices are located at 1511 N. Morgan Street, Tampa, Florida 33602

**Article III**  
**Purpose**

The purpose of this Professional Association is to offer legal counseling and advice.

**Article IV**  
**Authorized Shares**

The corporation is authorized to have 100 shares of stock..

**Article V**  
**Officers/Directors**

Tanya P. O'Connor, RN, JD  
1511 N. Morgan Street  
Tampa, Florida 33602

**Article VI**  
**Registered Agent**

Tanya P. O'Connor, RN, JD  
1511 N. Morgan Street  
Tampa, Florida 33602

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**Article VII  
Name of the Incorporator**

Incorporated by: Tanya P. O'Connor, RN, JD  
1511 N. Morgan Street  
Tampa, Florida 33602

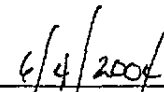
**Article VIII  
Effective Date of Incorporation**


June 4, 2004.

.....

Having been named as registered agent to accept service of process for the above stated Professional Association at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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