098000042942

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

700002518977--3 -05/7598-01107-011 -15****78.75 ******78.75

SUBJECT:	Semper Woods, P.A. (Proposed)	corporate name - must include	e suffix)
Enclosed is an original ar \$70.00 Filing Fee	nd one(1) copy of the artic \$78.75 Filing Fee & Certificate	les of incorporation and a \$122.50 Filing Fee & Certified Copy	check for: \$131.25 Filing Fee, Certified Copy & Certificate \$131.25
		ADDITIONAL CO	PY REQUIRED
FROM: Jonathan D. Woods Name (Printed or typed) 15 West Church Street, Suite 201 Address			
Orlando, Florida 32801 City, State & Zip			
			-
	(407) 620-2829	_	
	Daytime ?	Telephone number AUTHORI CORRECT DATE CO. EX	CANE & PLUPSSE 1/13/98

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

5/13

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:

Semper Woods, P.A.

ARTICLE II PRINCIPAL OFFICE

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

15 West Church Street Suite 201 Orlando, Florida 32801

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jonathan D. Woods, Esq. 15 West Church Street, Suite 201 Orland, Florida 32801

ARTICLE V INCORPORATOR

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

Jonathan D. Woods 15 West Church Street, Suite 201 Orlando, Florida 32801

Signature/Incorporator

The specific nature of business shall be financial and estate planning.

(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 postuones registered agent

ignature/Registered Agent

1998

Date