TRANSMITTAL LETTER

P98000101465

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

SUBJECT: Myers, Forehand, and Fuller, P. A.
(Proposed corporate name - must include suffix)

600002705046--1
-12/07/98--01135--016
*****70.00 *****70.00

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: Myers, Forehand, & Fuller
Name (Printed or typed)

402 Office Plaza Dr.
Address

Tallahassee, Fl
City, State & Zip

(850) 878-6404
Daytime Telephone number

RECEIVED
98 DEC -7 PM 1:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
98 DEC -7 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH DEC 07 1998

ARTICLES of INCORPORATION
OF
MYERS, FOREHAND & FULLER, P.A.

The undersigned incorporator, for purposes of forming a professional corporation under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, hereby adopts the following Articles of Incorporation:

Article I

NAME AND ADDRESS

The name of the Professional Corporation is:

Myers, Forehand & Fuller, P. A.

The principal office address of the Professional Corporation is:

402 Office Plaza Dr.
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

Article II

DURATION

The duration of the Professional Corporation is perpetual.

Article III

PURPOSE

The general purpose for which the Professional Corporation is organized is to engage in the rendering of legal services for profit.

Article IV

INITIAL BOARD OF DIRECTORS

The management of the Professional Corporation shall be vested in a Board of Directors.

The number of Directors constituting the initial Board of Directors is three (3). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one (1). The name and address of each initial Director of the Professional Corporation is as follows:

Daniel E. Myers	1165 W. Conservancy Dr. Tallahassee, Florida 32312
Walter E. Forehand	3509 Trillium Ct. Tallahassee, Florida 32312
Loula M. Fuller	1165 W. Conservancy Dr. Tallahassee, Florida 32312

Article V

INCORPORATOR

The Name and Address of the incorporator signing these articles is:

Loula M. Fuller
1165 W. Conservancy Dr.
Tallahassee, Florida 32312

Article VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of the Professional Corporation is:

402 Office Plaza Drive
Tallahassee, Florida 32301

and the name of the initial Registered Agent at such address is:

Loula M. Fuller

ARTICLE VII

CAPITAL SHARES

The aggregate number of shares which the Professional Corporation shall have authority to issue is five hundred (500) shares.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 7th day of December, 1998.

Loula M. Fuller
Incorporator

Loula M. Fuller
Typed Name of Incorporator

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME personally appeared Loula M. Fuller, to me well known and known to me to be the person described in and who executed the foregoing instrument, and who after being first duly sworn, acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 7th day of December, 1998, in the aforesaid County and State.

NOTARY PUBLIC

My commission expires:

NANCY S. HURD
MY COMMISSION # CC 462228
EXPIRES: June 24, 1999
Bonded Thru Notary Public Underwriters

ACCEPTANCE BY DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated professional corporation at the place designated in this statement, 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 a registered agent.

Loula M. Fuller

Loula M. Fuller

Date: Dec. 7, 1998

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA