TRANSMITTAL LETTER

P990000 46594

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

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SUBJECT:	JAMES K			
Enclosed is an origina	al and one(1) copy of the article	erate name - must include suff	SECRETARY OF 3	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	12
FROM:	FROM: JAMES K. CLARK Name (Printed or typed)			÷
3554 PALMETTO AVENUE Address COCONUT GROVE, FLORIDA 33133 City, State & Zip				

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

ARTICLES OF INCORPORATION JAMES K. CLARK P.A.

ARTICLE I NAME

The name of the corporation shall be JAMES K. CLARK P.A.

99 MAY 19 MM 8: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPLE OFFICE

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

3554 Palmetto Avenue Coconut Grove, Florida 33133

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 AGEBT AND STREET ADDRESS

The name and street address of the initial registered agent is:

Linda F. Clark 3554 Palmetto Avenue Coconut Grove, Florida 33133

ARTICLE V INCORPORATOR

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

James K. Clark 3554 Palmetto Avenue Coconut Grove, Florida 33133

ARTICLE VI SPECIFIC PURPOSE OF "PROFESSIONAL CORPORATION"

This corporation shall be a "Professional Service" corporation as defined in s. 621.03, F.S., with the specific purpose of providing legal services within the State of Florida.

James K. Clark

Data

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 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.

Linda F. Clark

Date

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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