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TRANSMITTAL LETTER

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

700003365467--7

-08/21/00--01057--024

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Angela D. Matthews, Esquire, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Angela D. Matthews

Name (Printed or typed)

625 W. Union Street, Suite 4

Address

Jacksonville, Florida 32202

City, State & Zip

904-742-6744 ; 904-632-2222

Daytime Telephone number

FILED  
00 AUG 21 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8-25  
HAC

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I      NAME

The name of the corporation shall be:

**Angela D. Mathews, Esq., P.A.**

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailing address is:

**625 W. Union Street, Suite 4  
Jacksonville, Florida 32202**

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

**To provide legal advice, counsel and services to the public.**

### ARTICLE IV      SHARES

The number of shares of stock is:

**One.**

### ARTICLE V      INITIAL OFFICERS/DIRECTORS

The name and address:

**Angela D. Mathews, Esquire  
625 W. Union Street, Suite 4  
Jacksonville, Florida 32202**

### ARTICLE VI      REGISTERED AGENT

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

**Angela D. Mathews, Esquire  
625 W. Union Street, Suite 4  
Jacksonville, Florida 32202**

### ARTICLE VII      INCORPORATOR

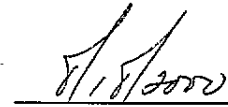
The name and address of the Incorporator is:

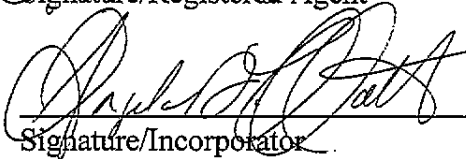
**Angela D. Mathews, Esquire  
625 W. Union Street, Suite 4  
Jacksonville, Florida 32202**

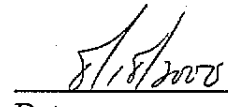
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TALLAHASSEE, FL 32399

Having been named as registered agent to accept service of process for the above stated corporation 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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TALLAHASSEE, FL 32310