

TRANSMITTAL LETTER

PO1000012161

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

APPROVED
FILED
01 FEB - 1 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Proctor, Syfrett, Johnson & Kole, 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: Maureen Proctor Kole
Name (Printed or typed)

900003623599--3
-02/02/01--01004--002
*****78.75 *****78.75

4311 Jackson View Dr.
Address

Tallahassee, FL 32303
City, State & Zip

(850) 514 - 3460
Daytime Telephone number

RECEIVED
01 FEB - 1 PM 3:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

2-1-01
2:10

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: Proctor, Syfrett, Johnson & Kole, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4311 Jackson View Dr.
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Maureen Proctor Kole, President
James Kole, Vice President
Kym Johnson, Secretary
Kim Syfrett, Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Maureen Proctor Kole
4311 Jackson View Dr
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: James A. Kole
4311 Jackson View Dr.
Tallahassee, FL 32303

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

Maureen Proctor Kole
Signature/Registered Agent MAUREEN PROCTOR KOLE

01/30/01
Date

James A. Kole
Signature/Incorporator James A. Kole

01/30/01
Date

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TALLAHASSEE, FLORIDA

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