POIDDO 8/60

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

SUBJECT: ACOL ACO SMALLWOOD, 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 COR	Y REQUIRED	## S	2
FROM:		Smallwood inted or typed)	A.P.A.	CRETAR LAHASS	APR 12 F
625 FAITWAY TEST.					.u PM 12: 40
	MADIES, E	tate & Zip	201 <u>4</u>	AID A	Ö
	941-261-	-HOOH			

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

Daytime Telephone number

P4 4/16/01

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 01 APR 12 PM 12: 40 <u>ARTICLE I</u> SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the corporation shall be: L Ann Small PRINCIPAL OFFICE The principal place of business/mailing address is: NAPLES, F **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: CHINA The name(s) and address(es): REGISTERED AGENT The name and Florida street address of the registered agent is: INCORPORATOR The name and address of the Incorporator is: 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/Incorporator