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### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

## FLORIDA PROFIT CORPORATION OR P.A.

Bryan L. Albers, P.A.

Certificate of Status	0
Certified Copy	1
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# ARTICLES OF INCORPORATION

OF

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# Bryan L. Albers, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is Bryan L. Albers, P.A.

The specific nature of business of this professional association is the practice of law.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 5111 66th St. N, suite 102, St. Petersburg, FL 33709.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares

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# ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Bryan L. Albers, 5111 66th St. N, Suite 102, St. Petersburg, FL 33709.

### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

# ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Eryan L. Albers, 5111 66th St. N, Suite 102, St. Petersburg, FL 33709.

The undersigned has executed these Articles of Incorporation this 21st day of December 2001.

"Capital Connection, Inc. by Stacey Legget, Client Representative"

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## CERTIFICATE OF DISIGERATION REGISTERED AGENT/REGISTERED OFFICE

purouant to the provisions of section 507.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Plorida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the con	eperation is: Box	an LAlbas, PA		
2 . ig:	The name and attract address of the Registered agent and office				
	(	Attorney at Low 5111 66th St. N. Suite 16 M. Petersburg, Florida 337	25		

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I MEREBY 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 REGISTERED AGENT,

Bo & COL

OF DEC 21 AM 8: 16