## P0/000/2/602

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

200004738472--0 -12/26/01--01038--014 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: Maureen OLoughlin, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL COR	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: W Scott Pacetti C.P.A.  Name (Printed or typed)					
136 Malaga Street					
_	St. Augustine, Flori City, S	ida 32084 tate & Zip	OI DEC 26 AM ST		
-	(904) 824-8147 Daytime Tel	ephone number	LORID	: 50	

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

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## 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: Maureen OLoughlin, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 601 South Ponce De Leon St. Augustine, Florida 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Telecommunication Sales-

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Maureen OLoughlin President 804 13th Avenue South Jacksonville Beach, Florida 32250



Date

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is: W Scott Pacetti
136 Malaga Street
St Augustine, Florida
32084

ARTICLE VII INCORPORATOR

Signature/Incorporator

The <u>name and address</u> of the Incorporator is: Maureen OLoughlin 601 South Ponce De Leon St. Augustine, Florida 32084

**************************************	***************
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent.	e above stated corneration at the place designated in this
-W SUM /acc	1 - 1 - 0 2
Signature/Registered Agent	Date
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