

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 15 PM 4:18

P02000076723

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

SUBJECT:

*Bowman Atwood & Associates, Inc.*  
(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:

*DeAndre Bowman*

Name (Printed or typed)

000006419100--0

-07/16/02--01008--001

\*\*\*\*\*80.00 \*\*\*\*\*78.75

*446 Conradi St. apt B202*

Address

*Tallahassee Fl. 32304*

City, State & Zip

*(850) 224-1979*

Daytime Telephone number

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02 JUL 15 PM 4:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

## 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: Bowman Atwood & Associates Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

446 Conrad St. apt B202  
Tallahassee 32304

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

P. DeAndre Bowman  
Director → John Atwood

### ARTICLE VI REGISTERED AGENT

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

DeAndre Bowman 446 Conrad St. apt B202  
Tallahassee Fl. 32304

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DeAndre Bowman 446 Conrad St. apt B202  
Tallahassee Fl. 32304

\*\*\*\*\*  
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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