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TRANSMITTAL LETTER

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

SUBJECT: Ch	ristie L. Graham, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	☑ \$78.75	□ \$78.75	□ \$87.50
•	·	Filing Fee	Filing Fee,
Filing Fee	Filing Fee		
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Christie L. Graham		
	Name	(Printed or typed)	<u> </u>
	14925 sE 25th Avenue		
		Address	
	Summerfield, Florida 344	91	
	City	, State & Zip	
	352-347-6766		
	Daytime 1	elephone number	

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:

Christie L. Graham, P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4335 Serene Circle Fruitland Park, Florida 34731

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Christie L. Graham 4335 Serene Circle

Fruitland Park, FLorida 34731

ARTICLE VI REGISTERED AGENT

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

Christie L. Graham 4335 Serene Circle Fruitland Park, Florida 34731

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christie L. Graham 4335 Serene Circle Fruitland Park, Florida 34731

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

1/10/2003

1/10/2003

Signature/Incorporator Date