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TRANSMITTAL LETTER

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

SUBJECT: Dian	e Fowler, P.A.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Diane Fowler	(Printed or typed)		<u> </u>
	P.O. Box 291526	Address		er en suitz de la
	Port Orange, FL 32129-1526 City, State & Zip			
	(386) 566-7191 Daytime T	elephone number	<u> </u>	

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:

Diane Fowler, P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 291526 Port Orange, FL 32129-1526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law Firm

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Diane Fowler, Esquire 594 Touchstone Circle Port Orange, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Diane Fowler, Equire P.O. Box 291526 Port Orange, FL 32129-1526