# P030001240589

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
, <del></del>	
Special Instructions to Filing Officer:	

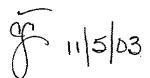
Office Use Only



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## TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

Re: JW Paul and Associates, Inc.

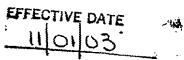
Enclosed is an original (and one (1) copy*) referenced entity and an check for:	of the articles of incorporation of the above
\$70.00 Filing Fee	\$122.50 Filing Fee & Cert. Copy*
\$78.75 Filing Fee & Certificate	

\*Additional Copy of Articles Required

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Jeff Paul 8 Oakleaf Court Safety Harbor, Fl 34695 Tele, 727-224-4116

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### ARTICLES OF INCORPORATION

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 shall be:

JW Paul and Associates, Inc.

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

8 Oakleaf Court Safety Harbor, Fl 34695

#### ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

1,000

#### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

Jeff Paul 8 Oakleaf Court Safety Harbor, FI 34695

#### ARTICLE V: INCORPORATOR

Jeff Paul 8 Oakleaf Court Safety Harbor, Fl 34695

ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: November 1, 2003

chature/Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stallutes 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.

Signature/Registered Agent

Date