

P03000145295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

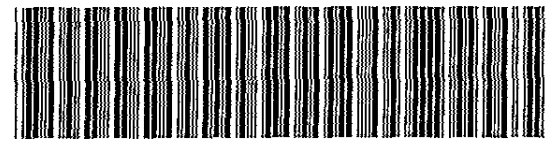
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03 DEC - 1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

A.H
12-5-03

TRANSMITTAL LETTER

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

SUBJECT: H.J. Corbett & Associates, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Harry J. Corbett
Name (Printed or typed)

812 Eagle Point Drive
Address

St. Augustine, FL 32092
City, State & Zip

904-810-1007
Daytime Telephone 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:

H.J. Corbett & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

812 Eagle Point Drive
St. Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harry J. Corbett, President & Chairman
812 Eagle Point Drive
St. Augustine, FL 32092

ARTICLE VI REGISTERED AGENT

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

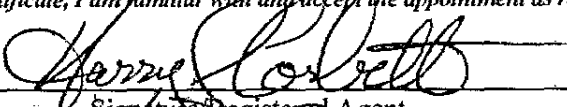
Harry J. Corbett
812 Eagle Point Drive
St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

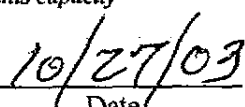
The name and address of the Incorporator is:

Harry J. Corbett
812 Eagle Point Drive
St. Augustine, FL 32092

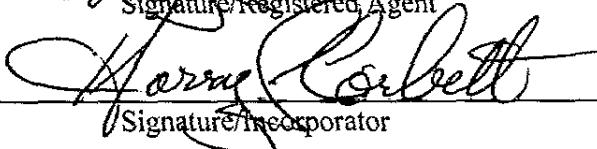
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



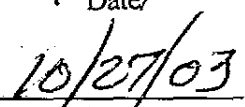
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED