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TRANSMITTAL LETTER

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

SUBJECT:	JOSEPH D. LORENZ P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: _	Joseph D. Lorenz Name	(Printed or typed)	
	218 Skyline Circle	Address	
	Crestview, Florida 32539 City, State & Zip		
	850-664-0246	Telephone number	

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

FFECTIVE DATE

*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:

JOSEPH D. LORENZ P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1270 N. Eglin Pkwy. Suite C-14 Shalimar, Florida 32579

<u>ARTICLE III PURP</u>OSE

The purpose for which the corporation is organized is:
to provide legal services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jóseph D. Lorenz President/Secretary

ARTICLE VI REGISTERED AGENT

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

Joseph D. Lorenz 1270 Eglin Pkwy. Suite C-14 Shalimar, Florida 32579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph D. Lorenz 218 Skyline Circle

Joseph D. Lorenz

ARTICLE VIII EFFECTIVE DATE
The effective date of incorporation shall be January 1, 2004.

Crestview, Florida 32539	*********
Having been named as registered agent to accept service of process for the certificate, I am familial with and accept the appointment as registered agent	above stated corporation at the place designated in this tand agree to act in this capacity
Aschu	12-19.03
Signature/Registered Agent Joseph D. Lorenz	Date
Signature/Incorporator	12-19-03 Date