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SECURIO STATE
SECURIO ST

DATE DEC. 20, 2003

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

Re: THOMAS FOCONNOR, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

SECOLO 24

Charac G 1 (Individual's Name) ORTH

THOMAS F. OCONNOR, INC.

MAILING ADDRESS OF CORPORATION

4910 BOYNTON COURT

TAMPA, F-C 33625

PHONE

(813) 417-9664

Area Code Number Ext.

ARTICIES OF INCORPORATION

* y	of	
THOMAS	F. O'CONNOR, INC. (name of corporation)	
	(name of corporation)	

The undersigned acting as the incorporators of the following articles of incorporation for such contact the following articles of the followi		Corporation Act, adopt(s)
The name of the corporation is:	TICLE I - CORPORATE NAME CONNOR, INC. ARTICLE II - DURATION	O3 DEC 24 PH 2: 1 SECKELLARIASSEE FLOR
This corporation shall exist perpetually unles	ss dissolved according to Florida law.	DA.
The corporation is organized for the purpose United States and the State of Florida.	ARTICLE III - PURPOSE e of engaging in any activities or business per	rmitted under the laws of the
The corporation is authorized to issue _/, &	RTICLE IV - CAPITAL STOCK POO shares of common stock, par value \$	/.00 per share.
ARTICL The street address of the initial principal offi	LE V - INITIAL PRINCIPAL OFFICE ice and, if different, the mailing address is:	
STREET ADDRESS		
	Court	
CITY TAMPA	FLORIDA	ZIP 33625
Mailing address, if different		
STREET ADDRESS		·
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME CHARLES J. F	ONDER THE BOOKKEEPER &	Assoc, Inc
ADDRESS 2667-B N		
CITY HERNANDO	FLORIDA	ZIP 34442

CITY

ARTICLE VII - II	NITIAL BOARD OF DIRECTORS	
This corporation shall have	By-Laws, but shall never be less than	
NAME THOMAS F. O'CO.	NNOR	
ADDRESS 4910 BOYNTON		
CITY TAMPA	STATE FC	ZIP 33625
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing to NAME THOMAS F. O'CO ADDRESS 4910 BOYN TON CITY TAMPA	ONNOR	ZIP 33625
NAME		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the day of	ese Articles of Incorporation this	2074 (Signature)
		(Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

THOMAS F. OCONNOR, INC (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 2669-B N. FORIDO AVE
HERNANDO, FL,
has named CHARGES J. PONDER THE BOOKKEEPER & ASSOC, I
located at the aforesaid address, as its registered agent to accept service of process within this
SECRETALLAHASSEE, FLORIC
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 regis-
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes 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.