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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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DIVISION OF CORPORATION

04 JUN -8 PM 4:57

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -8 AM 8:20

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## TRANSMITTAL LETTER

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

**SUBJECT:** PATRICK K. WIGGINS, P.A.

(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:** PATRICK K. WIGGINS

Name (Printed or typed)

POST OFFICE DRAWER 1657

Address

TALLAHASSEE, FLORIDA 32302

City, State & Zip

850-222-1358

Daytime Telephone number

04 JUN -8 AM 8:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

PATRICK K. WIGGINS, P.A.

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

The principal place of business/mailling address is:

POST OFFICE DRAWER 1657  
TALLAHASSEE FLORIDA 32302

### **ARTICLE III**      **PURPOSE**

The purpose for which the corporation is organized is:

for the practice of law and for the provision of mediation and services.

### **ARTICLE IV**      **SHARES**

The number of shares of stock is:

100

### **ARTICLE V**      **INITIAL OFFICERS AND/OR DIRECTORS**

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

PATRICK K. WIGGINS  
513 NORTH MERIDIAN STREET, Tallahassee, Fl.  
OWNER/PRESIDENT

### **ARTICLE VI**      **REGISTERED AGENT**

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

PATRICK K. WIGGINS  
513 NORTH MERIDIAN STREET  
TALLAHASSEE, FLORIDA

### **ARTICLE VII**      **INCORPORATOR**

The name and address of the Incorporator is:

PATRICK K. WIGGINS, P.A.  
POST OFFICE DRAWER 1657  
TALLAHASSEE FLORIDA 32302

\*\*\*\*\*

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

Patrick K. Wiggins  
Signature/Registered Agent

6/8/2004  
Date

Patrick K. Wiggins  
Signature/Incorporator

6/8/2004  
Date

04 JUN --8 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED