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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

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

SUBJECT: <u>Hi</u>	ghbridge Associates (PROPOSED CORPORA)	of Northeast Fl TE NAME - <u>MUST INCL</u>	orida, Inc. UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
፟፟ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	Jerome D. Mitchell  Name (Printed or typed)			
	400 S. Palmetto	, <u>, , , , , , , , , , , , , , , , , , </u>	<u>-</u> -	
	Daytona Beach,	F1. 32114 State & Zip	<del></del>	
	(386) 252-3004	Бии с Дір		

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

Daytime Telephone number

## ARTÍCLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Highbridge Associates Of Northeast Florida, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

65 Midway Drive, Bunnell, Fl. 32110

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose as allowed by the laws of the U.S. and Florida.

#### 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):

Dorothy Hoffman-Pres./Sec.

65 Midway Drive

Bunnell, Fl. 32110

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jerome D. Mitchell

400 S. Palmetto Ave.

Daytona Beach, Fl. 32114

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jerome D. Mitchell

400 S. Palmetto Ave., Daytona Beach, Fl. 32114

Signature/Registered Agent

Signature/Incorporator

Date

Date