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. CAPITAL CONNECTION, INC.

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JSA_	A. Higgenbotham	PA
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2005

CAPITAL CONNECTION, INC.

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

SUBJECT: LISA A. HIGGENBOTHAM, P.A.

Ref. Number: W05000005521

We have received your document for LISA A. HIGGENBOTHAM, P.A.. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

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Letter Number: 905A00007552

ME-SUBMIT
PLEASE OBTAIN THE ORIGINAL



ARTICLES OF INCORPORATION

OF

LISA A. HIGGENBOTHAM, P.A.

ARTICLE I

1.1 The name of the corporation is Lisa A. Higgenbotham, P.A.

ARTICLE II

2.1 This corporation shall have perpetual existence commencing on the date of filing of these Articles of Incorporation with the Department of State of Florida.

ARTICLE III

- 3.1 To engage in every aspect of business as it is legal under the laws of the State of Florida.
- 3.2 To do everything necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not forbidden under the laws of the State of Florida.

ARTICLE IV

Capital Stock

4.1 This corporation is authorized to issue ten thousand (10,000) shares of stock at \$1.00 per value common stock.

ARTICLE V

Preemptive Rights

5.1 Should the capital stock be increased at any time, the stockholders at the

PAGE 1 OF 4

time of such increase shall be entitled to a pro-rata share of such increase upon payment for the shares at the price at which the shares are offered to others.

ARTICLE VI

Initial Registered Office and Agent

6.1 The name of the initial registered office of this corporation is Joseph J. Nolan, and the street address and mailing address of the initial registered office of this corporation is 1674 Williamsburg Square, Lakeland, Florida 33803.

ARTICLE VII

Directors

- 7.1 This corporation shall have two (2) directors initially.
- 7.2 The number of directors may be increased or decreased from time to time in accordance with the bylaws.
 - 7.3 The name and address of each initial director of this corporation is:

Lisa A. Higgenbotham
1666 Williamsburg Square
Lakeland, Florida 33803

7.4 The principal address of the corporation is:

1666 Williamsburg Square
Lakeland, Florida 33803

<u>ARTICLE VIII</u>

Incorporator

Lisa A. Higgenbotham

8.1 The name of the person signing and the principal address and mailing address of the corporation is:

Lisa A. Higgenbotham
1666 Williamsburg Square
Lakeland, Florida 33803

ARTICLE IX

Indemnification

9.1 The corporation shall indemnify its officers, directors, and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

ARTICLE X

Amendment

10.1 This corporation reserves the right to amend or repeal any provisions contained in these Articles, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on the 1st day of 10000 2005.

Lisa A, Higgenbotham, Incorporator

STATE OF FLORIDA COUNTY OF POLK

I HEREBY CERTIFY that the forgoing instrument was acknowledged before me by Lisa A. Higgenbotham, personally and well known to me or who produced a driver's license as identification and who did not take an oath.

SWORN TO AND SUBSCRIBED before me on this 1st day of 101111 2005.

My Commission Expires:

(SEAL)

n. an a an t

Carmen M. Burgner
My Commission DD286

PAGE 3 OF 4

CONSENT OF REGISTERED AGENT

Having been named as Registered Agent for Lisa A. Higgenbotham, P.A., at the registered office designated in the Articles of Incorporation, the undersigned hereby accepts the designation of Registered Agent.

Joseph J. Molan, Registered Agent

STATE OF **FLORIDA** COUNTY OF

I HEREBY CERTIFY that the forgoing instrument was acknowledged before me by Joseph J. Nolan, personally and well known to me or who produced a driver's license as identification and who did not take an oath.

SWORN TO AND SUBSCRIBED before me this \(\subseteq \text{day of } \)

_ day of <u>JUNUOR</u> 2005

My Commission Expires:

(SEAL)

NOTARY PUBLIC

Printed Name:

Carmen M. Burgner
My Commission DD286730
Expires February 02 2008

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SECRETARY OF STATE
TALLAHASSEE, FINANCE