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TRANSMITTAL LETTER

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

Tallahassee, FL 323	314			
SUBJECT: KA	PROPOSED CORPORA	WALSH, Inc TENAME- <u>MUSTINCLI</u>	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	2 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: KAREN ELYSBETH WALSH Name (Printed or typed)				
	10800 ST AUGUS	STINE RD., STE 604 Address		
	JACKSON VILLE, FL 32257 City, State & Zip			
		U. 463 15 elephone number	·65	

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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

KAREN ELYSBETH WALSH, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

LACKSONVILLE, FL 32257

OS NON STREET

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ERGONOMIC ASSESSMENTS

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):

ARTICLE VI REGISTERED AGENT

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

KAREN ALYSBETH 10800 ST AUGUSTINE RD., STE 604

WALSH JACKSONVILLE, FL 32257

ARTICLE VII INCORPORATOR

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

KAREN ELYSBETH WALSH 10800 ST AUGUSTINE RDI STE 604 JACKSONVILLE, PL 32257

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

Karen Elysbeth Walsh

Signature/Registered Agent

KAREN ELYSBETH WALSH | REGIS AGENT

Date

Signature/Incorporator

Date

EAREN ELYSBETH WALSH | INCORPORATOR