

POS.000128309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400059538294

09/19/05--01012--002 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 SEP 19 AM 2:48

FILED

T. Hampton SEP 19 2005

**COVER LETTER**

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

SUBJECT: Lawing & Associates, Inc.  
(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: Steven F. Lawing  
Name (Printed or typed)

4977 Cypress Links Blvd.  
Address

Elkton, FL 32033  
City, State & Zip

904-891-0966  
Daytime Telephone number

**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)

**FILED**

2005 SEP 19 AM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Lawing & Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4977 Cypress Links Blvd. Elkton, FL 32033

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting

**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):

Steven F. Lawing  
4977 Cypress Links Blvd. Elkton, FL 32033

**ARTICLE VI REGISTERED AGENT**

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

Steven F. Lawing 4977 Cypress Links Blvd. Elkton, FL 32033

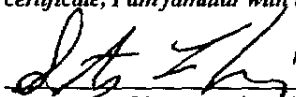
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

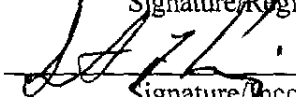
Steven F. Lawing 4977 Cypress Links Blvd. Elkton, FL 32033

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

9/15/05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/15/05  
Date