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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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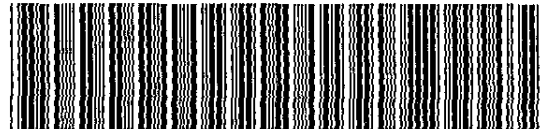
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 16 2005.

**CARRIE LAVARGNA**  
ATTORNEY AT LAW

P.O. Box 1393  
PALM CITY, FLORIDA 34991

(772) 286-7521  
FAX: 286-5797

December 14, 2005

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

SUBJECT: William E. Tabor, Jr., Esquire, P.A.

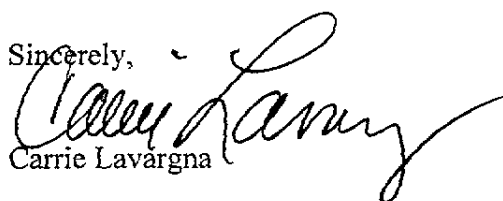
Dear Ladies and Gentlemen:

Enclosed is an original and one (1) copy of the Articles of Incorporation for "William E. Tabor, Jr., Esquire, P.A. and a check for: \$ 78.75 payable to the Secretary of State, Division of Corporations to pay for the following fees:

- \$ 35.00 Filing Fee for Articles of Organization
- \$ 35.00 Designation of Registered Agent
- \$ 8.75 Certificate of Status

Please file the Articles of Incorporation with the Division of Corporations, and return the documents marked filed to me together with the Certificate.

Sincerely,

  
Carrie Lavargna

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TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

**OF**

**WILLIAM E. TABOR, JR., ESQUIRE, P.A.**

The undersigned incorporator, for the purpose of forming a professional association under the laws of the State of Florida, hereby adopts the following Articles of Incorporation.

### **Article One: Name**

The name of this Professional Association ("Professional Association") shall be "William E. Tabor, Jr., Esquire, P.A."

### **Article Two: Principal Office**

The principal place of business and mailing address of this Professional Association shall be 1804 Wingfield Drive, Longwood, Florida 32779.

### **Article Three: Nature of Business**

The specific nature of the business of the Professional Association shall be the practice of law.

### **Article Four: Capital Stock**

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is one thousand (1000) shares having a par value of one dollar (\$1.00) per share.

### **Article Five: Initial Registered Agent and Address**

The name and street address of the initial registered agent is: Carrie Lavargna, 401 East Osceola Street, Lower Level, Stuart, Florida 34994.

### **Article Six: Incorporator**

The name and street address of the incorporator to these Articles of Incorporation is: Carrie Lavargna, 401 East Osceola Street, Lower Level, Stuart, Florida 34994.

### **Article Seven: General Provisions**

A. The Professional Association may transact business, borrow, lend or otherwise deal or contract with the Professional Association to the full extent and subject only to the limitations and provisions of the laws for Professional Associations of the State of Florida and the laws of the United States.

B. The Professional Association shall indemnify each director and officer of the Professional Association from and against all or any portion of any expenses reasonably incurred by him in connection with or arising out of any action, suit or proceeding in which he may be involved, by reason of his being or having been an officer or director of the Professional Association (whether or not he continues to be an officer or director at the time incurring such expenses), to the full extent permitted by and subject only to the limitations and provisions of the laws of the State of Florida and the laws of the United States. This provisions shall be in addition to any other rights to which those indemnified may be entitled under any By-laws, agreements, vote of shareholders or disinterested directors or otherwise, both as to action in his official capacity and is to continue to any person who has ceased to be a director or officer, and shall inure to the benefit of the heirs, executors and administrators of such person.

The undersigned has executed these Articles of Incorporation this 14<sup>th</sup> day of December, 2004.

  
Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the Professional Association mentioned below, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Professional Association is "William E. Tabor, Jr., Esquire, P.A."
2. The name and address of the registered agent and office is Carrie Lavargna, 401 East Osceola Street, Lower Level, Stuart, Florida 34994.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL ASSOCIATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
Carrie Lavargna