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COVER LETTER

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

SUBJECT:	LORI L. NEIGHBOF		
	·	TE NAME – <u>MUST INCL</u>	
Enclosed are an on	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
S70.00 Filing Fee	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	LORI L. NEIGHBOR		
	530 State Road 13	(Printed or typed) N. Suite 2 Address	
	Jacksonville, FL 32	259 State & Zip	
	904-287-4663 Daytime 1	elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

Lori L. Neighbors, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

530 State Road 13 North, Suite 2, Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate

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):

Lori L. Neighbors, President

Lori L. Neighbors, Vice-President

ARTICLE VI REGISTERED AGENT

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

Lori L. Neighbors 2885 Bass Haven Lane St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori L. Neighbors 2885 Bass Haven Lane St. Augustine, FL 32092

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

Signature/Incorporator

12/15/05 Date

12/15/US

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