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COVER LETTER

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

SUBJECT: C. M. Foley Architect, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFEE) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **₹78.75** \$70.00 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Cletis Michael Foley FROM: Name (Printed or typed) 4637 Ocean Boulevard Address Sarasota, FL 34242 City, State & Zip (941) 349-6487 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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

C. M. Foley Architect, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

C. M. Foley Architect, P. A. 4637 Ocean Boulevard Sarasota, FL 34242

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Architectural services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cletis Michael Foley, President

ARTICLE VI REGISTERED AGENT

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

Cletis Michael Foley 4637 Ocean Boulevard Sarasota, FL 34242

ARTICLE VII INCORPORATOR

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

Cletis Michael Foley 4637 Ocean Boulevard Sarasota, FL 34242

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

Date

O2/24/06

Date

O2/24/06

Date

O2/24/06

Date

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