## P06000053016

(Re	equestor's Name)			
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(Ĉi	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		-		

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Signification of the second

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OF APR 13 PH 2: 56

Maria

## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA)	MARK A.	SKipper (
	(PRÓPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal 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	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	MARK A. Name	SKingle (Printed or typed)	
	4580 Aquila PL		
	Orland	O FL 328 State & Zip	26
	407 739 - 2 Daytime T	2672 elephone number	

NOTE: Please provide the original and one copy of the articles.



RECEIVED

FLORIDA DEPARTMENT OF STATE 13 PM 2: 08
Division of Corporations

April 4, 2006

MARK A SKIPPER 4580 AGUILA PL ORLANDO, FL 32826

SUBJECT: LAW OFFICE OF MARK A SKIPPER, P.A.

Ref. Number: W06000016018

We have received your document for LAW OFFICE OF MARK A SKIPPER, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filing Section

Letter Number: 906A00022759

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:	06 APR 13 PM 2:56
LAW Office of MARK A SKigger, C.A.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Mailing Add Tess: 80 Box 780072 Orlando, FC 32878	•
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  LAW OFFICE - legal Services	
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):	
N/r	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered a  MARK A. Skipper, 4580 Aguila PL Or	gent is: (Ando FL 32824
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	1 6, 22021
MARK A SKIPPER 4580 Aguila CL Orl	ands PC 32126
******************	
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	n at the place designated in this capacity
Mances	3/25/06
Signature/Rogistered-Agent	3/25/06
Signature/incorporator	Date
Signature/incomporator	