## POL 000156250

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TAX FREEDOM ALLIANCE, INC. 6600 North Andrews Avenue, Suite 250 Fort Lauderdale, FL 33309 Phone 954.972-3004 Fax 954.972.3005

November 15, 2006

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed are two (2) copies of Articles of Incorporation of

CHRISTOPHER M. LAWSON, INC.

and the appointment of registered agent for filing purposes.

Also enclosed is a check in the amount of \$70.00 to cover charter tax, filing fees and registered agent filing fee. No certified copy is requested at this time.

Please remit the approved Articles of Incorporation to the above address.

Thank you in advance for your prompt attention to this matter.

Sincerely

Tax Freedom Adliance, Inc.

Donna Kent,

President

## **ARTICLES OF INCORPORATION**

OF

## CHRISTOPHER M. LAWSON, INC.

The Undersigned, acting as Incorporator of a corporation in the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

1. The name of the corporation is as follows:

## CHRISTOPHER M. LAWSON, INC.

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TALLAHASSES, FLURIDA

- 2. The period of its duration is **perpetual**.
- 3. The purpose is to engage in Mortgage Broker and business permitted under the laws of the United States and the State of Florida.
- 4. The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows: 1,000 shares at \$1.00 per share, common stock. All of the stock shall be payable in cash or other property, real or personal, tangible or intangible, or in labor or services actually performed for the corporation, in lieu of cash, at a just valuation to be fixed by the Board of Directors of this corporation.
- 5. This corporation shall commence to exist on the date, which the Articles of Incorporation are filed in the Office of the Secretary of State of Florida

6. The Principal Office, Registered Agent and Registered Office address is:

Christopher M. Lawson 19195 Mystic Pointe Dr - #2807 Aventura, FL 33180

7. The number of Directors constituting its initial Board of Directors is (1), whose name and address is as follows:

Christopher M. Lawson 19195 Mystic Pointe Dr - #2807 Aventura, FL 33180

8. The name and address of the initial Incorporator is as follows:

Christopher M. Lawson 19195 Mystic Pointe Dr - #2807 Aventura, FL 33180

9. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto and any right conferred upon the shareholders is subject to this reservation. "I am familiar with and accept the duties and responsibilities as registered agent for said corporation"

Signed on the following date: Montember 15, 2006

Christopher M. Lawson
Registered Agent

Christopher M. Lawson
Incorporator

SWORN TO AND SUBSCRIBED

BEFORE ME THIS SHE DAY OF MONEMBER 2006

STATE OF FLORIDA }

COUNTY OF BROWARD }

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared Christopher M. Lawson, after first being duly sworn, deposes and say that he is the person's described in and who subscribed to the Articles of Incorporation he did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein mentioned and set forth and furthermore, that the above facts are true and correct to the best of his knowledge and belief of Christopher M. Lawson.

SWORN TO AND SUBSCRIBED

Before me this 15 th day of A OUL MA 500 6.

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA