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## **COVER LETTER**

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

SUBJECT: Thor	mas Welchman P.A.	ΓΕ NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic		
\$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 DPY REQUIRED
FROM: T	homas Welchman P.A.		
	Name	(Printed or typed)	
	2248 Kenya Lane		
		Address	
	Punta Gorda, FL 33983		-
	City,	State & Zip	
	941-661-4138		
	Daytime T	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:

Thomas Welchman, P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2248 Kenya Lane, Punta Gorda, FL 33983

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Legal Purpose

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas Welchman President

2248 Kenya Lane

Punta Gorda, FL 33983

#### ARTICLE VI REGISTERED AGENT

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

Thomas Welchman President 2248 Kenya Lane Punta Gorda, FL 33983

#### ARTICLE VII INCORPORATOR

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

Thomas Welchman President 2248 Kenya Lane Punta Gorda, FL 33983

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

Signature/Incorporator Date

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