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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 NOV -5 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 NOV -5 PM 3:04

FILED

3 Bush NOV 5 2007

COVER LETTER

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

SUBJECT: Erickson-McDaniel & Kelley, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Danielle Joyner Kelley
Name (Printed or typed)

5404 Appledore Lane
Address

Tallahassee, FL 32309
City, State & Zip

850-933-8964
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)

ARTICLE I NAME

The name of the corporation shall be:

Erickson-mcDaniel & Kelley, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8324 Chickasaw Trail
Tallahassee, FL 32312

mailling address -
6753 Thomasville Rd.
Suite 108-209
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~any and all lawful business~~
legal

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):

Danielle Joyner Kelley - President
Elin Erickson-mcDaniel - President

ARTICLE VI REGISTERED AGENT

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


Elin Erickson-mcDaniel
8324 Chickasaw Trail
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

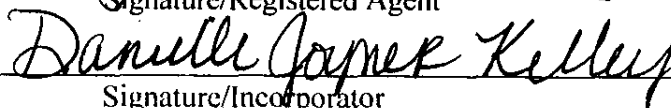
The name and address of the Incorporator is:

Danielle Joyner Kelley
5404 Appledore Lane
Tallahassee, FL 32309

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

11/5/07
Date


Signature/Incorporator

11/5/07
Date

FILED
07 NOV -5 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA