# P07000134347

(Requestor's Name)				
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SECRETARY OF STATE TALLAHASSEH, FLORIDA

T. Burch DEG: 2.4 2007

# **COVER LETTER**

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

SUBJECT: Eklur	nd & Associates, P.A.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			*#}
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	<b>☑</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee.
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
			TT ILL QUILLE
	•	,	
FROM: R	obert G. Eklund		
		(Printed or typed)	
	PO Box 368	<del></del>	
		Address	
	D   16   1   40	040.000	
	Buckner, Kentucky 40		
	City	, State & Zip	
	502.724.7205		
-		Telephone number	

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2007

ROBERT G. EKLUND PO BOX 368 BUCKNER, KY 40010-0368

SUBJECT: EKLUND & ASSOCIATES, P.A.

Ref. Number: W07000058893

We have received your document for EKLUND & ASSOCIATES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 507A00068470

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## 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:

Eklund & Associates, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 341 S. Venice Boulevard Venice FL 34293

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultant(s) to the Electric Power Industry

#### ARTICLE IV SHARES

The number of shares of stock is:

100

### INITIAL OFFICERS AND/OR DIRECTORS

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

Robert G. Eklund 341 S. Venice Boulevard Venice FL 34293 President/Treasurer/Secretary

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Robert G. Eklund

341 S. Venice Boulevard

Venice FL 34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert G. Eklund

341 S. Venice Boulevard

Venice FL 34293

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

ROBERTG. SULL 12/01/2007

Signature/Registered Agent Robert G. EKIUND Date

12/01/2007

Signature/Incorporator Robert G. EKIUND Date