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COVER LETTER

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

Tallahassee, FL 32314				
SUBJECT: CHAOWICK AND ASSOCIATES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
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 CO		
	·			
FROM: STEVEN CROCKFORD Name (Printed or typed)				
Name (Printed or typed)				
10820 TRADITION LOOP Address				
TAMPA, FLORIDA 33618 City, State & Zip				

(705) 256 - 5618 x 250

Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CHADWICK AND ASSOCIATES, INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: BUSCHWOOD PARK OR. SUITE TAMPA, FL 33618 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FINANCIAL SERVICES. ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): STEVEN CROCKFORD 3450 BUSCHWOOD PACKING. SUITE 345. TAMPA, FL. 33618 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: STEVEN (ROCKFORD 3450 BUSCHWOOD PARK DR. 33618 TAMPA, FL. INCORPORATOR ARTICLE VII The name and address of the Incorporator is: STEVE CROCKFORD BUSCHWOOD PARK DR. 3450 SUITE 345 TAMPA, FL. 33618

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/Incorporator

ARTICLES OF INCORPORATION