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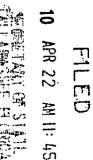
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: JOYCE CULP	, T.A.	
Enclosed are an original and one (1) copy of the art \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	YFE NAME – <u>MUST INCL</u>	a check for: \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: JOYCE CULP	e (Printed or typed)	

954- 649- 5430 Daytime Telephone number

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

The name of the corporation shall be: Toyce Culp, P.A.	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2800 / Ocklor ARTICLE III PURPOSE	V. N. 447 ST #201 LR Park 71 3330
ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL E.	STATE
ARTICLE IV SHARES The number of shares of stock is: /OO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Y JOYCE CUE PRESIDENT TREASUR	f, SecreTARY, ER
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the re	gistered agent is:
JOYCE CULP 2800 N.W 44 M ST #201 OAKLAND PACK FL 33309	
2800 N.W 44 ST 123	7
OAKLAND PACK FL 3 3301	- 92
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
	22
JOYCE CULP 2800 NW 444 ST #201	
**************************************	*****
Having been named as registered agent to accept service of process for	
place designated in this certificate, I am familiar with and accept the ap	ppointment as registered agent and
agree to act in this capacity	
Joine Cula	4-18-10
Signature/Register of Agent	Date
Jone Cush	4-18-10
A signature/Incorporator	Date

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)