

Dr 1/19/11

**COVER LETTER**

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

**SUBJECT: TALL PINES REFERRALS, INC.**  
(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: MIKO P. GUNDERSON, ESQUIRE**  
Name (Printed or typed)

**18401 MURDOCK CIRCLE, UNIT C.**  
Address

**PORT CHARLOTTE, FLORIDA 33948**  
City, State & Zip

**941-627-1000**  
Daytime Telephone number

**Tallpinesinfo@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JAN 18 PM 4:43

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** TALL PINES REFERRALS, INC.

The name of the corporation shall be:

2011 JAN 18 PM 4:43

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6800 PLACIDA ROAD  
SUITE D-1  
ENGLEWOOD, FL 34224

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
A LAWFUL BUSINESS UNDER FLORIDA LAW.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JEREMY T. JONES - P. T.  
Address: 6800 PLACIDA ROAD, SUITE D-1  
ENGLEWOOD, FL 34224

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: THOMAS WINKLER, VP, S  
Address: 6800 PLACIDA ROAD, SUITE D-1  
ENGLEWOOD, FL 34224

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

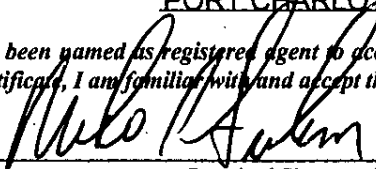
Name: MIKO P. GUNDERSON, ESQUIRE  
Address: 18401 MURDOCK CIRCLE, UNIT C.  
PORT CHARLOTTE, FL 33948

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MIKO P. GUNDERSON, ESQUIRE  
Address: 18401 MURDOCK CIRCLE, UNIT C.  
PORT CHARLOTTE, FL 33948

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

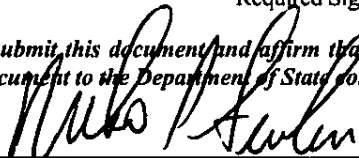


Required Signature/Registered Agent

1-14-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1-14-11

Date