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(City/State/Zip/Phone #)

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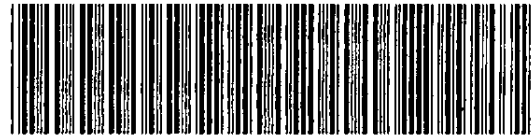
(Business Entity Name)

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2011 MAY -5 AM 11:34

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

5/6/11

COVER LETTER

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

SUBJECT: Bruce A. Thyer, Corporation

(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: Bruce A. Thyer, Ph.D.

Name (Printed or typed)

545 Willowbrook Lane

Address

Tallahassee, FL 32317

City, State & Zip

850-508-8880

Daytime Telephone number

BruceAThyer@yahoo.com

E-mail address: (to be used for future annual report notification)

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

2011 MAY -5 AM 11:34

REGISTRATION
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Bruce A. Thyer, Corporation
The name of the corporation shall be:

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE
Principal street address
Bruce A. Thyer, Corporation
545 Willowbrook Lane
Tallahassee, FL 32317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional corporation. Provide consultation in the areas of research, academic works, and professional writing. To write articles, books, chapters, reviews, software, applications, and other forms of intellectual property. To edit journals and books. To provide clinical and supervisory services. To deliver lectures and workshops.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bruce A. Thyer, Ph.D., President</u>	Name and Title:	_____
Address:	<u>545 Willowbrook Lane</u>	Address:	_____
	<u>Tallahassee, FL 32317</u>		_____

Name and Title:	<u>Laura L. Myers, Ph.D., Vice-President</u>	Name and Title:	_____
Address:	<u>545 Willowbrook Lane</u>	Address:	_____
	<u>Tallahassee, FL 32317</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Laura L. Myers, Ph.D.
Address: 545 Willowbrook Lane
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce A. Thyer, Ph.D.
Address: 545 Willowbrook Lane
Tallahassee, FL 32317

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

Laura L. Myers
Required Signature/Registered Agent

4/26/2011
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.

Bruce A. Thyer
Required Signature/Incorporator

4/26/2011
Date