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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

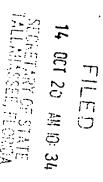
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COVER LETTER

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

SUBJECT: MARSARET ANN (PROPOSED CORPORA	CLOHAN P. A. TE NAME-MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
Filing Fee Filing Fee & Certificate of Status	S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: MARGARET ANN CLOHAN Name (Printed or typed) RI583 BRIXHAM RUN LOOP				
Address ESTERO, FLORIJA 33928 City, State & Zip 702 - 867 - 4218				
Daytime Telephone number Meg & Show & GMa				
NOTE: Please provide the original and one copy of the articles.				



RECEIVED 14 OCT 20 PM 2: 13

FLORIDA DEPARTMENT OF STATE ALLAHASSEE, FLORIDA Division of Corporations

September 30, 2014

MARGARET ANN CLOHAN 21583 BRIXHAM RUN LOOP ESTERO, FL 33928

SUBJECT: MARGARET ANN CLOHAN PC

Ref. Number: W14000056242

We have received your document for MARGARET ANN CLOHAN PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You failed to make the correction(s) requested in our previous letter.

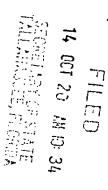
The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 314A00020864



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14 SEP 25 AM 10: 59

SECRETARY OF STATE TABLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

TO: ROCKE PROM ALDES September 15, 2014

> MARGARET ANN CLOHAN 21583 BRIXHAM RUN LOOP ESTERO, FL 33928

SUBJECT: MARGARET ANN CLOHAN PC Ref, Number: W14000056242

We have received your document for MARGARET ANN CLOHAN PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 914A00019710

14 OCT 20 MID 34 SECRETARY OF STATE TALLADASSEE, FLORIDA

Roger- I should have called you when I saw The P.C. - but NOW how to we fix this.

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

RET ANN CLOHAN PA
Mailing address, if different is:
ALES ESERVICE
RECTORS NCLOHAN (P) NCLOHAN (P) Name and fitle: AM Run LOOP Address:
AM Raddress:
Name and Title:
Address:
Name and Title:
Address:

Name and Title:	Name and Title:	
Address	Address:	
	- 111 11 Westernature	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	ox NOT acceptable) of the registered agent is:	
Name: MARGARET	ANN CLOHAN	
	KHAM RUN LOOP FI. 33928	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is: Name: Address: Address: Address:	ANN CLOHAN RXHAM RUN La	ef 8
Having been named as registered agent to according this certificate, I am familiar with and accept the	ept service of process for the above stated corpo se appointment as registered agent and agree to a	ration at the place designated in act in this capacity
MA Clohen Required Signature/R	Registered Agent	9-6-1LL Date
	cts stated herein are true. I am aware that the j s a third degree felony as provided for in s.817.1.	
My Clohan Required Signature	e/Incorporator	9-6-14
roquied Signature	a morton and	Date

FILED

14 OCT 20 MID: 34

SECRETARY OF STATE
TALL ALLESSES FOR THE