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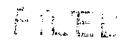
COVER LETTER

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

PATRIC SUBJECT:	CK KNIGHT WIGGINS, P.A.		
50 5 ,1201	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	·	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	DPY REQUIRED
	TRICK K. WIGGINS	e (Printed or typed)	
513	N. MERIDIAN STREET		
		Address	
TA	LLAHASSEE, FL 32301		
,	City	, State & Zip	
850	1-228-2850		
	Daytime 1	Telephone number	
Wie	GGLAW@GMAIL.COM		
-	E-mail address: (to be use	d for future annual report	notification)

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

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



ARTICLE I NAME The name of the corpora	PATRICK KNIGHT WIGhtion shall be:	GINS, P.A.	16 JAN 26 PM 2: 22
ARTICLE II PRINC			SECHE LARY OF STATE dress, in Ath loAHASSEE FLORID.
513 N. MERIDIAN ST			
TALLAHASSEE, FL 3	2301		
ARTICLE III PURPO The purpose for which	<u>DSE</u> he corporation is organized is:		
the pra	ctice of law and the provision of alterna	utive dispute resolution services for	or hire.
ARTICLE IV SHAR The number of shares of	ES 100.00 stock is:		
ARTICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS Patrick K. Wiggins E:	President	
Address	513 N. Meridian Street		
	Tallahassee, FL 32301		
Name and Title	:	Name and Title:	
Address			
Name and Title	·	Name and Title:	
Address		Address:	

Name an	nd Title:	Name and Title:	_
Address	3	Address:	
			_
			-
ARTICI F VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name;	Patrick K. Wiggins	, , , , , , , , , , , , , , , , , , ,	
Address:	513 N. Meridian Street	As 6	- N - N - N
	Tallahassee, Fl 32301	JAN 26 PH 2: 22 LLAHASSEE FLORID	Land of the state
			1
ARTICLE VII	<u>INCORPORATOR</u>	PH 2: 20 SEE FLORE	
The name and ac	ddress of the Incorporator is:	FLS ?	Ť.
Name:	Patrick K.Wiggins	ORIDE CO	i
Address:	513 N. Meridian Street	D	
	Tallahassee, FL 32301		
	* 12 **********************************		
	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)	
(If an effective d	late is listed, the date must be specific ar	nd cannot be more than five business days prior or 90 business	s
days after the fi	mig.)		
Note: If the date the document's e	e inserted in this block does not meet the aperfective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed a records.	as
		f process for the above stated corporation at the place designated ent as registered agent and agree to act in this capacity	d in
Patr	und K Missin	14.174	16
	Required Signature Legistered A	gent Date	
		rein are true. I am aware that the false information submitted i tree felony as provided for in s.817.155, F.S.	in a
Pal		ו אבל וובל.	4
Requi	ired Signature/Incorporator	Date	_

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