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COVER LETTER

A

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

SUBJECT:	Lulbert, Andux		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	i a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Gonzalo A- Name 712-A Non		treet
	Green Cove City,	State & Zip	
	(904) 28 Daytime T INDO Clay E-mail address: (to be use	•	notification)

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

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I – NAME

The name of the corporation shall be:

CULBERT, ANDUX & FINNELL, P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:

712-A North Pine Street Green Cove Springs, FL 32043

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is the practice of law.

ARTICLE IV – SHARES

The number of shares of stock is 100.

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The names, addresses and titles of the initial officers/directors are as follows:

Bruce P. Culbert, Esquire, President 712-A North Pine Street Green Cove Springs, FL 32043

Gonzalo Andux, Esquire, Secretary 712-A North Pine Street Green Cove Springs, FL 32043

Ann E. Finnell, Esquire, Treasurer 712-A North Pine Street Green Cove Springs, FL 32043

ARTICLE VI - REGISTERED AGENT

The name and Florida street address of the registered agent is Gonzalo Andux, Esquire, 712-A North Pine Street, Green Cove Springs, FL 32043.

ARTICLE VII - INCORPORATOR

The names and addresses of the Incorporators are:

Bruce P. Culbert, Esquire 712-A North Pine Street Green Cove Springs, FL 32043

Gonzalo Andux, Esquire 712-A North Pine Street Green Cove Springs, FL 32043

Ann E. Finnell, Esquire 712-A North Pine Street Green Cove Springs, FL 32043

IN WITNESS WHEREOF, the undersigned Incorporators have executed these Articles of Incorporation this ______ day of February, 2016.

BRUCE P. CULBERT, ESQUIRE

President

GONZALO ANDUX, ESQUIRE

Secretary

ANN E. FINNELL, ESQUIRE

Treasurer

GONZALO ANDUX, ESQUIRE

Registered Agent

STATE OF FLORIDA COUNTY OF CLAY

COUNTY OF CLAY
Sworn to (or affirmed) and subscribed before me on the day of February, 2016, by
Bruce P. Culbert.
\mathcal{P} \mathcal{R}_{\bullet}
Torean taly
NOTARY PUBLIC - State of Florida LOREANN BAILEY
MY COMMISSION # FF 088440
Print, type of stamp commissioned EXPIRES: March 27, 2018 Bonded Thru Budget Notary Services
name of notary
[check one only]
X Personally known
Produced identification: type of identification produced:
Troduced identification, type of identification produced.
STATE OF FLORIDA
COUNTY OF DUVAL
Some of the state
Sworn to (or affirmed) and subscribed before me on the day of February, 2016, by
Gonzalo Andux.
Solo Market Solo Solo Solo Solo Solo Solo Solo Sol
- Marian
NOTARY PUBLIC - State of Florida
Print, type of stamp commissioned
name of notary
[check one only] EXPIRES: Angus 31, 2019
X Personally known
Produced identification: type of identification produced:
STATE OF FLORIDA
COUNTY OF DUVAL
a d
Sworn to (or affirmed) and subscribed before me on the day of February, 2016, by Ann
E. Finnell:
The state of the s
An 2 Land W
NOTARY PUBLIC - State of Florida
NOTALL LODGE OF HORSE
Print, type of stamp commissioned
name of notary MEGAN CUNNINGHAM
[check one only] MY COMMISSION # FF914552 EXPIRES: August 31, 2019
WAAAAAAAAAAAAAA
X Personally known
Produced identification: type of identification produced:

ACCEPTANCE

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.

Resident Agent

STATE OF FLORIDA **COUNTY OF DUVAL**

Sworn to (or affirmed) and subscribed before me on the 2^{ND} day of February, 2016, by

Gonzalo Andux.

- State of Florida

Print, type of stamp commissioned name of notary

[check one only] _X_

Personally known

Produced identification: type of identification produced:

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Date: February 2016, 2016

Incorporator