

995000019559

JOAN E. LAVERY
LAVERY & ASSOCIATES
536 N.E. PLANTATION RD., #4604
STUART, FL. 34996

RECEIVED
MAR -8 AM 9:15
TALLAHASSEE, FLORIDA

DATE March 6/95

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

400001424614
03/08/95--01035--003
***131.25 ***131.25

SUBJECT: LAVERY & ASSOCIATES INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input checked="" type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee
	& Certificate	& Certified Copy	Certified Copy
			& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: JOAN E. LAVERY
534 N.E. PLANTATION RD., #4604
STUART, FL 34996
407 225 2777
(Daytime Phone Number)

Thank you,

Joan E. Lavery
JOAN E. LAVERY

3/10/95
[Signature]

Articles of Incorporation

1. The name of the corporation is:

LAVERY & ASSOCIATES INC.

2. The principal place of business and mailing address of the corporation is:

534 N.E. PLANTATION ROAD, #4604
STUART, FL 34996

3. The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$1.00.

4. The registered agent of the corporation is JOAN E. LAVERY, and the registered address is 534 N.E. PLANTATION ROAD, #4604, STUART, FL 34996.

5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows:

JOAN E. LAVERY
534 N.E. PLANTATION RD., #4604
STUART, FL 34996

KENNETH LAVERY
534 N.E. PLANTATION RD., #4604
STUART, FL 34996

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is JOAN E. LAVERY whose address is 534 N.E. PLANTATION RD., #4604, STUART, FL 34996.

Dated

March 6 / 95

Joan E. Lavery
Incorporator

FILED
95 MAR - 8 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated March 6/95

James L. [Signature]
Registered Agent

95 MAR -2
MAR 9 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000019552**

1. Corporation Name

LAVERY & ASSOCIATES INC.

Principal Place of Business

534 NE PLANTATION ROAD STE. 4004
STUART FL 34906

Mailing Address

534 NE PLANTATION ROAD STE. 4004
STUART FL 34906

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1985

5. FEI Number

65-0584520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	LAVERY, JOAN E	534 NE PLANTATION ROAD STE. 4004	STUART FL 34906
D	LAVERY, KEITH	534 NE PLANTATION ROAD STE. 4004	STUART FL 34906

900002011079--8
-11/21/96--01044--018
****375.00 ****375.00

8. Name and Address of Current Registered Agent

LAVERY, JOAN E
534 NE PLANTATION ROAD STE. 4004
STUART FL 34906

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joan E Lavery
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee or, empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joan E Lavery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/26/96

905 338 0253

541 225 2277

Daytime Phone #