PHSOCOPHSS P

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

DATE Much 6/95

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 400001424614 -03708.35--0035--003 ****:31.25

SUBJECT:

LAVERY & ASSOCIATES INC.

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

[] \$70.00 Filing Fee

[] \$78.75 Filing Fee & Certificate

[] \$122.50 Filing Fee & Certified Copy

[X] \$131.25 Filing Fee 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

#07 225 2777
(Daytime Phone Number)

Thank you,

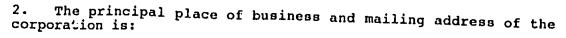
JOAN E. LAVERY

3/10/49

Articles of Incorporation

1. The name of the corporation is:

LAVERY & ASSOCIATES INC.



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 Bruck 6 /95

Incorporator

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 Truck 6/95

Registered Agent

STATE STATE

	PLEASE REAL PROPERTY AND PLEASE REAL PROPERTY AND PROPERT	AD ALL IN	ISTRUCTIC	<u>)NS BEFORI</u>	E COMPL	ETING THIS FOR		
REI	FOR INSTATEMENT	FLOR	Sendra B. Secretary Division of co	. Mortham y of State	TE	FILED		
	CUMENT # P950	000019		PURATIONS	951	NOV 18 AH 11: 42		
1. Corporation Name LAVERY & ASSOCIATES INC.					SEC	SECRETARY OF STATE TALLAHASSEE, PLORIDA		
	Place of Business PLANTATION ROAD STE. 4604	Mailing Ad			_			
STUART FL 34985 STUART FL 34986 STUART FL 34986								
If above	e addresses are incorrect in any way, line (Principal Office Address, If Applicable	through incorrec	ct information and e	enter correction below	REINS	STATEMEN	IT 910	
Suite, Apt.	., =:-	S. IVEW MA	Falling Utilice Address	a, If Applicable	4. Date from	orporated or Qualified usiness in Florida		
City & State		Suite, Apt.			5. FEI Numb	osiness in Florida	03/08/1995	
Х«р	Country	Zip & State	City & State		65- (0584520	Applied For Not Applica	
Names		- 1 ·		puntry	OFFIT OF STREET	ATE OF STATUS DESIRED		
Title(s)	s and Street Addresses of Each Officer and Name of Officers and/or Directors	d/or Director (F)		Street Address of Faci	ich .	-γ		
D	LAVERY, JOAN E		3 (Do NOT	Officer and/or Director T Use Post Office Box F	tor (Numbers)	- 	State / Zip	
<u> </u>			234 LE LIVE	VITATION ROAD STE	£ 4004	STUART FL 30006		
, 	LAVERY, KE JOSTH		534 NE PLAN	ITATION ROAD STE	E. 4004	STUART FL 34866		
						-11/21/96(****375.00	111114444-1111	
	8. Name and Address of Current R	Registered Age	ant	T	A Name and I	Address of New Post	1-19-90	
LAVERY, JOAN E 534 NE PLANTATION ROAD STE. 4604 STUART FL 34666				Street Address (P.C Suite, Apt. #, Etc.	O. Box Number is	is Not Acceptable)		
I, being ap ature of stered Age	appointed the registered agent of the above	e named corpora	ation, am familiar wi	ith and accept the obli	igations of Sectio	State FL on 507.0505, F.S.	Zip Code	
Does	REG	GISTERED AGEN		e _		Date		
Certify that	at I am an officer or director or the receiver	er or trustee er no	-Iorida Statu	utes. Yes L	No X	(See other side (on intangit) ter 607 or 617, F.S. I further ce (section 607 0401 or 617 0401	(Die tax.)	
NATUR	the and accurate, and my signa	ture shall have t	s listed on this form the same legal effect	n do not qualify for an elect as if made under out	i exemption under ath	r section 119.07(3)(f), F.S. The	e information indicated	
		D NAME OF SIGN	ING OFFICER OR DIF	ECTOR		Date Daytin	225 2777 The Phores	
	the second secon	_				of the Carlotte and the American St.		