

P950000 7588

TRANSMITTAL LETTER

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

SUBJECT: Connor & Associates Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Thomas P. Connor  
Name  
4507 Vasconia St.  
Address  
Tampa, Florida 33629  
City, State, & Zip  
( 813 ) 837-8799  
Telephone Number

600001571536  
Doc. 23, 30770006-01,  
\*\*\*\*122.50 \*\*\*\*122.50

Note: Additional copy of articles is needed when certified copy is requested.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

August 30, 1995

THOMAS P. CONNOR  
4507 VASCONIA STREET  
TAMPA, FL 33629

SUBJECT: CONNOR & ASSOCIATES INC.  
Ref. Number: W95000017482

We have received your document for CONNOR & ASSOCIATES INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 695A00040372

**ARTICLES OF INCORPORATION**  
**OF**

TCM Connor & Associates Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: TCM Connor & Associates Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

4507 Vasconia St.  
Tampa, Florida 33629

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares @ \$1.00 Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Thomas P. Connor  
4507 Vasconia Street  
Tampa, Florida 33629

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas P. Connor  
4507 Vasconia Street  
Tampa, Florida 33629

The undersigned has(have) executed these Articles of Incorporation this

Wednesday day of August 23, 19 95.

Thomas P. Connor (President)  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: T&M Connor & Associates Inc.

2. The name and address of the registered agent and office is:

Thomas T. Connor

(NAME)

4507 Vasconia St.

(P.O. BOX NOT ACCEPTABLE)

Tampa, Florida 33629

(CITY/STATE/ZIP)

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Thomas T. Connor

DATE

8-23-95

REGISTERED AGENT FILING FEE: \$35.00