

P96000047193

MARRIAGE EDWARDS, JR., C.P.A.  
Requestor's Name  
8126 BLUE JAY LANE  
Address  
JACKSONVILLE, FL 32256-7201  
City/State/Zip  
Phone #  
(904)641-9857

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. MARRIAGE EDWARDS, C.P.A., P.A.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 JUN -4 PM 2:31  
95 JUN -4 PM 2:28

8/19/96

Examiner's Initials

**ARTICLES OF INCORPORATION**

FILED  
96 JAN -4 11 2 31

STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

*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:

MABRY EDWARDS, C.P.A., P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

8176 BLUE JAY LANE  
JACKSONVILLE, FLORIDA 32256-7201

**ARTICLE III SHARES**

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

ONE-HUNDRED (100) SHARES - COMMON (VOTING)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

MABRY EDWARDS, JR., C.P.A.  
8176 BLUE JAY LANE  
JACKSONVILLE, FLORIDA 32256-7201

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MABRY EDWARDS, JR.  
8176 BLUE JAY LANE  
JACKSONVILLE, FLORIDA 32256-7201

DIRECTOR / PRESIDENT

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

4TH day of JUNE, 19 96.

By: Mabry Edwards, Jr. ITS PRESIDENT  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

ARTICLE VI PURPOSE

THE PRACTICE OF PUBLIC ACCOUNTING  
AS A PROFESSIONAL SERVICE CORPORATION.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

MABRY EDWARDS, C.P.A., P.A.

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

MABRY EDWARDS, JR., C.P.A.  
(NAME)

8176 BLUE JAY LANE  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

JACKSONVILLE, FLORIDA 32256-7201  
(CITY/STATE/ZIP)

96 JUN 14 10 20 AM '96  
FILED

*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.*

Mabry Edwards, Jr., C.P.A.  
(SIGNATURE)

6/4/96  
(DATE)

P96000047193

Mabry Edwards & Company, P.A.  
Certified Public Accountants  
4110 Southpoint Boulevard, Suite 230  
Jacksonville, Florida 32216-0928  
(904) 281-0808  
Fax: (904) 281-0809

Mabry Edwards, Jr.  
Certified Public Accountant

Member of  
A.I.C.P.A. and F.I.C.P.A.

July 1, 1996

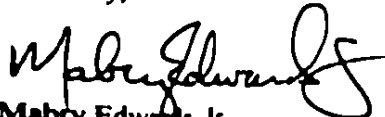
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Change of Address for Mabry Edwards, C.P.A., P.A. (P96000047193)

To Whom It May Concern:

Effective immediately, please be advised of my new address (shown above).

Sincerely,

  
Mabry Edwards, Jr.  
Certified Public Accountant

cc: Fictitious Name Registration Dept.