

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

SUBJECT:	ELAINE COUIN, P.A.	
	(proposed corporate name)	
Enclosed ple above corpo	pase find an original and one (1) copy of the articles trailing and check in the amount of \$_78.75	of incorporation for the
FROM:	MELROSE ACCOUNTING & TAX SERVICE, INC.	7000020024876 -11/13/9601074001 +++++78.75 +++++78.75
	P.O. BOX 1430 Address MELROSE, FL. 32666 City, State, & Zip	SECRET SECRET STORY OF OEC
	(352) 475–2100 Telephone Number	-3 PH 1: 09

630. W96 - 24159

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

08/2/3/20



DIVISION OF CORPORATIONS

96 DEC -3 PM 1: 09

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 14, 1996

MELROSE ACCOUNTING & TAX SERVICE INC. POST OFFICE BOX 1430 MELROSE, FL 32666

SUBJECT: ELAINE GOUIN, P.A. Ref. Number: W96000024159

We have received your document for ELAINE GOUIN, P.A. and your check(v) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 487-6973.

Claretha Golden Document Specialist

Letter Number: 196A00051991

DIVISION OF CORPORATIONS
96 DEC -3 PM 1:09

November 8, 1996

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

Dear Sirs:

Upon the acceptance of Elaine Gouin, P.A. as a corporation in the state of Florida, we request a copy of the certificate of state... for the corporation. Please include it with the coroporate acceptance letter.

Thank You,

Elaine Gouin

ARTICLES OF INCORPORATION

<u>OF</u>

96 DEC -- 3 PM 1: 09

ELAINE COUIN, P.A.

The unclersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora-

ARTICLE I NAME

The name of the corporation shall be:

ELAINE GOUIN, P.A.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 502 KEYSTONE HEIGHTS, FL. 32656

ARTICLE III CAPITAL STOCK

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

100

'n,

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ELAINE P. GOUIN 466 S.E. 5th AVE. MELROSE, FL. 32666

ARTICLE Y INCORPORATOR(S)

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

ELAINE P. GOUIN 466 S.E. 5th AVE. MELROSE, FJ. 32666

ARPICLE VI PURPOSE

This comporation is formed for the purpose of Real Estate sales, and anything else as pertains to a duly licensed Real Estate agent.

undersigned	has(have) executed these Art	icles of Incorporation this
8th .	day of NOVEMBER	, 19 ⁹⁶ .
	Claine	Oku PRESIDENT Signature/Title
		Signature/i'itle
		Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: ELAINE COUIN! P.A.
2. The name and address of the registered agent and office is: 및 물병
EIAINE P. COUIN
(NAME)
466 S.E. 5th AVE.
(P.O. BOX NOT ACCEPTABLE)
MELROSE, FL. 32666 99 85
(CITY/STATE/ZIP)
SIGNATURE Corporate officer)
TITLE PRESIDENT
DATE 11/08/96
•
AVING DEEN MAKED AS DESCRIPTION
AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT NO AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
SIGNATURE Claire Correir
DATE 11/08/96

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REGISTERED AGENT FILING FEE: \$35.00