

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. 327
Tallahassee, FL 32314

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-02/05/97--01065--020
*****78.75 *****78.75

SUBJECT: Ralph Turner & Associates, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

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

FROM:

Joan P. Turner

Name (printed or typed)

P.O. Box 364

Address

Odessa, FL 33556

City, State & Zip

813+920-5888

Daytime Telephone Number

FILED
97 FEB -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB



BSB

Articles of Incorporation

1. The name of the corporation shall be:

Ralph Turner & Associates, Inc.

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

19325 Michigan Avenue
P.O. Box 364, Odessa, FL 33556

3. The corporation shall have the authority to issue 200 shares of stock.

4. The registered agent of the corporation is Joan P. Turner and the registered street address is 19325 Michigan Avenue, Odessa Florida 33556 P.O. Box 364

5. The initial Board of Directors shall have 3 member(s) whose name(s) and address(es) is/are as follows: Ralph R. Turner 19325 Michigan Ave, Odessa, FL 33556,
Anthony R. Turner 3544 Murrow St. New Port Richey, FL 34655
Joan P. Turner 19325 Michigan Ave, Odessa, FL 33556

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 P. Turner whose street address is 19325 Michigan Ave, Odessa, FL 33556

Dated 1-29-97

Joan P. Turner
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 1-29-97

Joan P. Turner
Registered Agent

FILED

97 FEB - 5 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA