# 997/10/10/29030

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

600002127086--7 -03/28/97--01079--015 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: M	MUYRES, BARBER, AND MCLE				
	(Proposed corporation of the article	ate name - must include suff	MAR 28 AM CRETARY OF S LLAHASSEE, FL	1 = 11 = 1	
\$70.0 Filing Fo		□\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	BRUCE A. BARBER Name (Printer  3010 Cypress Cree Addre  Ponte Vedra Beach City, State  (904) 285-4603	ek Drive East ess n, FL 32082 e& Zip	— 		
Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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:

MUYAES, BARBER, AND MCLEAN, INC.

# ARTICLE II PRINCIPAL OFFICE

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

301 Health Park Boulevard Suite 108 St. Augustine, Florida 32086

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 9,000 shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce A. Barber 610 N. Julia Street Jacksonville, Florida 32202

#### 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):

Bruce A. Barber 3010 Cypress Creek Drive East Ponte Vedra Beach, FL 32082

David J. Muy**es** 2412 Stockton Drive Green Cove Springs, FL 32043

Daniel J. McLean 229 Sportsman Drive Welaka, FL 32093

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

22" day of MARCH 19 97.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Simplure

# Notarization is not required

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

# 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 co	orporation is MUYRES, BARBER, AND McLEAN, INC	2.
2. The name and add	ress of the registered agent and office is:	
	Bruce A. Barber	•
•	(NAME)	
	610 N. Julia Street	
•	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	91 SE TAL
	Jacksonville, Florida 32202	CRET CAH;
	(CITY/STATE/ZIP)	R 28 AM ARY OF ST SSEE, FLO
at the place designate to act in this capacity	as registered agent and to accept service of process for the aboved in this certificate, I hereby accept the appointment as register.  I further agree to comply with the provisions of all statutes remance of my duties, and I am familiar with and accept the obliga	red and intrandagree elating to the proper
l l	B. 1. 3.13.9	7

(DATE)