TRANSMITTAL LETTER

P97000083090

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

SUBJECT: <u>Lo</u>	Ri A. Robert (Proposed co	S, P.A. rporate name - must includ	le suffix)	
.			00002296 -09/18/970 *****78,75	5.10 7 1020001 ******78.75
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	DINFORMATION 2
		ADDITIONAL CO	PY REQUIRED	5 6
FROM: LORI A. Roberts Name (Printed or typed)				T SEP 25 PH 12: 25
	3101 Sawgra	155 Village	Circle	
	Ponte Vedra City,	Beach, GL State & Zip	32082	
	904 - 273 Daytime To	- 908/		
	0.5	000	/	

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

W99-21524py of the articles. y_{9}



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 18, 1997

LORI A. ROBERTS 3101 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

SUBJECT: LORI A. ROBERTS, P.A. Ref. Number: W97000021524

We have received your document for LORI A. ROBERTS, P.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Please return the original and one copy of 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 (850) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 597A00046418

ATTACHED IS the Original of Order copy

I the articles as original filed and

a recised original ficopy of the

Leficles which windles the lusiness

purpose of my P.A..

May I recommend that you preprinted

Articles which were mailed to me include
on tetrile street clearly requests presiness purpose.

Division of Corporations - P.O. BOX 6327 Fallahassee, Florida 32314

Articles of Incorporation Professional Association
1. The name of the corporation is: LORI A. ROBERTS, P.A.
2. The purpose for which this corporation is organized is The practice of Certifical Public accounting 3. The principal place of business and mailing address of the corporation is: 3101 Sawgass Village Circle
porte Vedra Brack, Il 32082
4. The corporation shall have the authority to issue shares of common stock, in one class only, each with a par value of \$
5. The registered agent of the corporation is Lori A. Roberts, CH and the registered address is 3101 Sawgass Village Circles Poille Vella Be-Florida 32082.
6. The initial Board of Directors shall have / member(s) whose name(s) and address(es) is/are as follows: Lori A. Roberts 3001 Sawgrass Villages Circle
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.
7. The incorporator of this corporation is Lori 2. Roberts whose address is 3101 Sawgan Village Circle, Portu Vedra Black, 21 32082
Dated 9/21/97 Soi A. Roberts Inderporator

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 9/21/97

Registered Agent