

TRANSMITTAL LETTER

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

P98000001457

SUBJECT: North Florida Financial Advisors, Inc.
(Proposed corporate name - must include suffix)

400002392254--1
-01/07/98--01039--030
****122.50 ****122.50

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

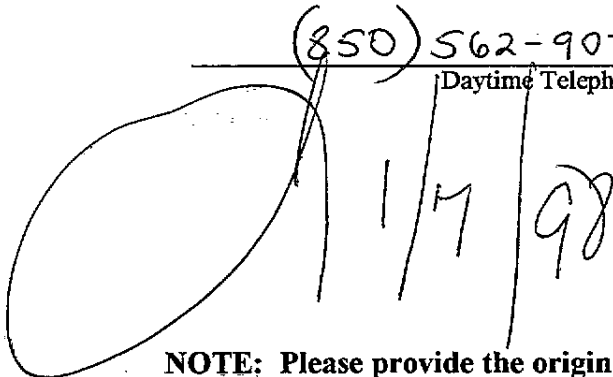
ADDITIONAL COPY REQUIRED

FROM: George Davis Avant, Jr.
Name (Printed or typed)

1084 SummerBrooke Dr.
Address

Tallahassee, FL. 32312
City, State & Zip

(850) 562-9075
Daytime Telephone number



MAIL-OUT

98 JAN -7 PM 1:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

North Florida Financial Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2908 Northmont Dr. Tallahassee, FL. 32303

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

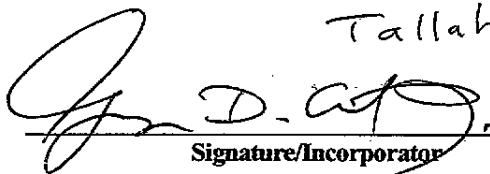
The name and Florida street address of the initial registered agent are:

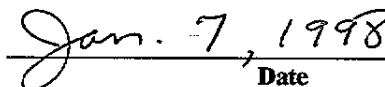
George Davis Avant, Jr.
1084 Summer Brooke Dr.
Tallahassee, FL. 32312

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

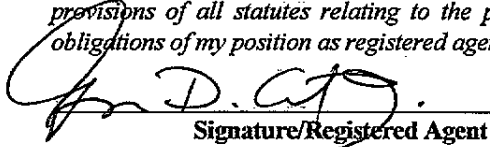
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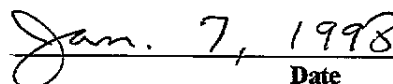

Signature/Incorporator


Date

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

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


Signature/Registered Agent


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA