

P98000057025  
TRANSMITTAL LETTER

June 22, 1998

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

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-06/24/98--01068--016  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: M. T. F. & ASSOCIATES, INC.

Enclosed herewith is an original and (2) copies of the Articles of Incorporation of the above named proposed corporation. In addition to these is a check for:

\$131.25 - Filing Fee,  
Certified Copy  
& Certificate

FROM:

Michael T. Fitzpatrick

5465 Waterside Drive

Jacksonville, FL 32210

(904) 387-2342

FILED  
98 JUN 24 PM 3.27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JN6-25-98

# 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:

M. T. F. & ASSOCIATES, INC.

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## ARTICLE II PRINCIPAL OFFICE

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

6010 Duclay Road, Suite 100  
Jacksonville, Florida 32244

## ARTICLE III SHARES

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

1,000 shares of stock

**ARTICLE IV INITIAL REGISTERED AGENT  
AND STREET ADDRESS**

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

Michael Thomas Fitzpatrick  
6010 Duclay Road, Suite 100  
Jacksonville, Florida 32244

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TALLAHASSEE, FLORIDA

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**ARTICLE V INCORPORATOR**

The **name and address** of the incorporator of these Article of Incorporation are:

Michael Thomas Fitzpatrick  
5465 Waterside Drive  
Jacksonville, Florida 32210

  
Signature/Incorporator

  
Date

*Having been named as registered agent 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 agree to accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date