

P98000096422

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

SUBJECT: A. W. Johnston & Associates, Inc.

(Proposed corporate name - must include suffix)

500002685875--8
-11/12/98-01063-022
*****78.75 *****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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alissa D. Williams
Name (Printed or typed)

PO Box 4995
Address

Ocala, FL 34478-4995
City, State & Zip

(352) 624-3235
Daytime Telephone number

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 AM 8:47

R. Purinton NOV 17 1998

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: A.W. Johnston & Associates, Inc.

ARTICLE II PRINCIPLE OFFICE

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

646 SE 31 TE
Ocala, FL 34471

Mailing Address: PO Box 4995
Ocala, FL 34478-4995

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stephen Williams
646 SE 31 TE
Ocala, FL 34471

ARTICLE V INCORPORATOR

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

Alissa D. Williams
646 SE 31 TE
Ocala, FL 34471


Signature/Incorporator

11/10/98
Date

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

11/10/98
Date

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