

99000021400
TRANSMITTAL LETTER

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

SUBJECT: L. A. W., RW CONSULTANT, Inc.
(Proposed corporate name - must include suffix)

400002794934--2
-03/04/99--01087--020
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Louisa A. Wiggins
Name (Printed or typed)

7503 Cypress Knee Drive
Address

Bayonet Point FL, 34667
City, State & Zip

727-868-6112
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -4 PM 4:12

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

RECEIVED MAR - 8 1999

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:

L.A.W., RN CONSULTANT, Inc.

ARTICLE II PRINCIPLE OFFICE

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

7503 Cypress Knee Drive

Bayonet Point, FL 34667

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Louisa A. Wiggins

7503 Cypress Knee Drive

Bayonet Point, FL 34667

ARTICLE VI INCORPORATOR

The name and address of the incorporator are:

Louisa A. Wiggins

7503 Cypress Knee Drive

Bayonet Point, FL 34667

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Louisa A. Wiggins
Signature/Incorporator

3-1-99
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 accept the obligations of my position as registered agent.

Louisa A. Wiggins
Signature/Registered Agent

3-1-99
Date