TRANSMITTAL LETTER

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231		0500	09 16	MA SOM IN ISO
SUBJECT:	MICHAEL THO	ate name - must include suff	^{ix)} 30000288:	· · · · · · · · · · · · · · · · · ·
		~	-05/28/99- *****78.75 ¢~	-01046006
Enclosed is an origina	d and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	William M. Thur	rmond		•
FROM:	Name (Pr	rinted or typed)		- ,
	24 Cathedral Place, Suite 308 Address			u=
	St. Augustine, F			
	City, State & Zip			71 ₋ 420
	(904) 819-0500		1	
	Daytime T			

F. CHESSER JUN 3 1999

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

ARTICLES OF INCORPORATION

the undersigned incorporator, for the purposes 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:

Michael Thurmond, P.A.

ARTICLE II PRINCIPAL OFFICE

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

24 Cathedral Place

Suite 308

St. Augustine, Florida 32084-4465



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

Ten (10)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

24 Cathedral Place

Suite 308

St. Augustine, Florida 32084-4465

ARTICLE V INCORPORATOR

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

William Michael Thurmond

24 Cathedral Place

Suite 308

St. Augustine, Florida 32084-4465

ARTICLE VI PURPOSE

The purpose of this corporation is:

Provide Professional Legal Services to the public.

Signature/Incorporator

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

Date