

TRANSMITTAL LETTER

P99000081241

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

SUBJECT: Patrick P. Tabor & Assoc., Inc.
(Proposed corporate name - must include suffix)

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: Patrick Tabor
Name (Printed or typed)

10360 SW 100 AVE
Address

MIAMI FL 33176
City, State & Zip

305-412-2005
Daytime Telephone number

200002979402--8
-09/07/99-01070-002
*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP -7 AM 11:22

FILED

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

I N. Culligan SEP 14 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: **Patrick D. Tabor & Assoc., Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**Physical Address: 10360 SW 100 Ave.
Miami, FL 33176**

**Mailing Address: P.O. Box 16-3009
Miami, FL 33116-3009**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1000**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

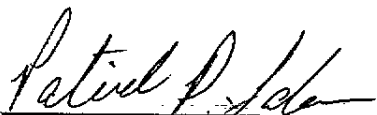
The name and Florida street address of the initial registered agent are:

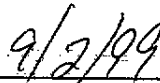
**Patrick D. Tabor
10360 SW 100 Ave.
Miami, FL 33176**

ARTICLE V INCORPORATOR

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

**Patrick D. Tabor
10360 SW 100 Ave.
Miami, FL 33176**


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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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