

TRANSMITTAL LETTER

P99000081284

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: North Florida Tocol, Inc.

900002981613--7
-09/08/99-01094-004
*****122.50 *****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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUESTED

FROM: North Florida Tocol, Inc.

311 Weff Road

St. Augustine, Florida 32084

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

9/14 - Notified client of Correction.
with note

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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:

North Florida Tocol, Inc.

ARTICLE II PRINCIPAL OFFICE

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

311 Weff Road
St. Augustine, Florida 32084

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

Scott Cole
311 Weff Road
St. Augustine, Florida 32084

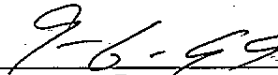
ARTICLE V INCORPORATOR

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

Scott Cole
311 Weff Road
St. Augustine, Florida 32084



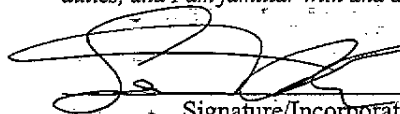
Signature/Incorporator



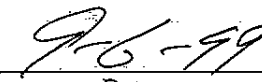
Date

(An additional article must be added if an effective date is requested)

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/Incorporator /
Registered Agent



Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA