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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

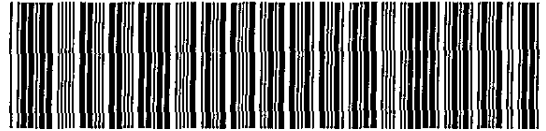
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 17 PM 12:08

RECEIVED
04 AUG 17 AM 11:32
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sharon M. Weber, P.A.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES
04 AUG 17 PM 12:08

Signature _____

Requested by: *wl*

Name _____

Date *8/17*

Time *11:00*

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION

OF

Sharon M. Weber, P.A.

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 is **Sharon M. Weber, P.A.** The specific nature of business of this Professional Association is Real Estate.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **4758 Wakefield Court, New Port Richey, FL. 34655**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of (\$1.00) per share.

04 AUG 17 PM 12:00
SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Sharon M. Weber, 4758 Wakefield Court, New Port Richey, FL. 34655**

ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director is **Sharon M. Weber - P/VP/S/T/D - 4758 Wakefield Court, New Port Richey, FL. 34655**

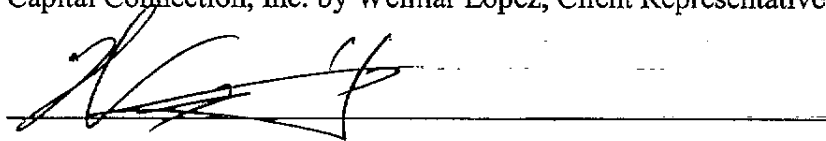
ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 17th day of August 2004.
Capital Connection, Inc. by Weimar Lopez, Client Representative



A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line. The signature is stylized and cursive.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Sharon M. Weber, P.A.

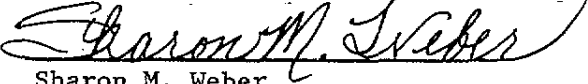
2. The name and street address of the registered agent and office is: _____

Sharon M. Weber

4758 Wakefield Court, New Port Richey, FL 34655

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 17 PM 12:09

HAVE 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.


Sharon M. Weber