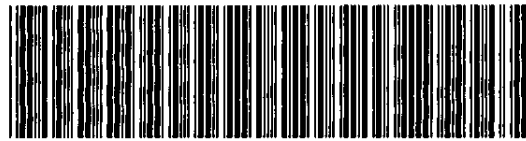


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2010

COVER LETTER

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

SUBJECT: Law Offices of Josh D. Shocklee, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Josh D. Shocklee
Name (Printed or typed)

400 4th Ave S # 108
Address

St. Petersburg, FL 33701
City, State & Zip

239-691-5674
Daytime Telephone number

josh@shockleelaw.com
Email address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Law Offices of Josh D. Shacklee, D.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 4th Ave S
108
St. Petersburg, FL 33701

Mailing address, if different is:
P.O. Box 7934
St. Petersburg, FL 33734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law Office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josh Shacklee (Shareholder) Name and Title:
Address: 400 4th Ave S Address:
108
St. Petersburg, FL 33701

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Josh Shacklee
Address: 400 4th Ave S #108
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josh Shacklee
Address: 400 4th Ave S #108
St. Petersburg, FL 33701

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

11-13-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11-13-10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA