P13000022715

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



03/11/13--01028--010 **70.00

13 MAR II FM 4: 15 SECRETANY OF STATE

I. Berch 1 2 2013

COVER LETTER

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

SUBJECT: Ann	Marie Shields, F	P.A. ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the ar	ticles of incorporation and	i a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status
FROM: Ar	nn Marië Shields	3	. •
		e (Printed or typed)	
75	79 Twin Eagle I	_ane	
<u></u>		Address	
Ft	Myers FI 33912	, State & Zip	
23	39 470-3010	, state & Lip	

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

annmarie05@comcast.net

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

TICLE II PR	INCIPAL OFFICE Principal street address	Mailing ac	Mailing address, if different is:	
79 Twin Eagl	e Lane Ft Myers Fl 33912			
TICLE III PU	RPOSE the corporation is organized is:	state related acti	vities	
- F	<u></u>		-	
			PHO G	
			AR -	
			(12) - F	
RTICLE IV SI	IARES 100			
RTICLE IV SI e number of shares	IARES of stock is:		- FM 4: 15	
		rs		
RTICLE V IN	IITIAL OFFICERS AND/OR DIRECTO			
RTICLE V IN	ittial officers and/or directo	Name and Title:		
RTICLE V IN	ntial officers and/or directo tle: Ann Marie Shields 7579 Twin Eagle lane			
RTICLE V IN	ittial officers and/or directo	Name and Title:		
RTICLE V IN	ntial officers and/or directo tle: Ann Marie Shields 7579 Twin Eagle lane	Name and Title: Address:		
Name and Ti	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold	Name and Title: Address:	音 に 15	
Name and Ti	tte: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912	Name and Title: Address:	音 に 15	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold	Name and Title: Address: Name and Title:	音 に 15	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold le:	Name and Title: Address: Name and Title: Address:	部 (F)	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold	Name and Title: Address: Name and Title: Address:	部 (F)	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold le:	Name and Title: Address: Name and Title: Address:	部 (F)	
Name and To Address Name and Tot Address	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director,President,Secretary,Treasurer& Sharehold	Name and Title: Address: Name and Title: Address:	3	
Name and To Address Name and Tot Address	TITIAL OFFICERS AND/OR DIRECTO tle: Ann Marie Shields 7579 Twin Eagle lane Ft Myers Fl 33912 Director, President, Secretary, Treasurer & Sharehold le:	Name and Title: Address: Name and Title: Address: Name and Title:	3	

Name a	and Title:	Name and Title:	_
Addre	SS	Address:	- - -
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Address:	7579 Twin Eagle Lane	- 'SEC 'SEC	
	Ft Myers Fl 33912	MAR F	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:	TS E	
Name:	Ann Marie Shields		
Address:	7579 Twin Eagle Lane	_	
	Ft Myers FI 33912	<u>.</u>	
Having been no this certificate, a	imed as registered agent to accept service of proces I am familiar with and accept the appointment as re	 	d in
	Thyraneskir	<u>&</u>	_
	Required Signature/Registered Agent	Date	
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felot	true. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.	in a
	Anghan Ali	3/4/2013	
	Required Signature/Incorporator	Date	_