

Apr. 15. 2013 3:39PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
 Account Number : I20000000168  
 Phone : (727) 322-0909  
 Fax Number : (727) 322-0520

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
 Email Address: DAVID.CPA@TAMPAFLORIDA.PA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
SUSAN WAGNER, PA

Certificate of Status	1
Certified Copy	0
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No. 0079 P. 2

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ARTICLES OF INCORPORATION

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

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TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: SUSAN WAGNER, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6114 10TH AVE S

SAME

GULFPORT, FL 33707

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ACT AS A LICENSED REAL ESTATE AGENT IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

1000 SHARES OF COMMON STOCK

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SUSAN WAGNER PRES Name and Title: \_\_\_\_\_

Address: 6114 10TH AVE S Address: \_\_\_\_\_  
GULFPORT, FL 33707 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S  
GULFPORT, FL 33707

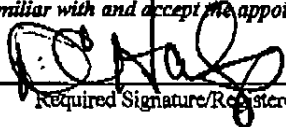
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS

Address: 2207 54TH ST S  
GULFPORT, FL 33707

*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*

\_\_\_\_\_  \_\_\_\_\_

Required Signature/Registered Agent

\_\_\_\_\_ 04/23/2013 \_\_\_\_\_

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.*

\_\_\_\_\_  \_\_\_\_\_

Required Signature/Incorporator

\_\_\_\_\_ 04/23/2013 \_\_\_\_\_

Date

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