

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Sue Hollingworth, P.A.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 22 PM 1:41

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Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File cert.
- \_\_\_\_ 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 \_\_\_\_\_

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DIVISION OF CORPORATIONS

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**ARTICLES OF INCORPORATION**  
**OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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SUE HOLLINGSWORTH, P.A.

The undersigned, being licensed and authorized to practice law by and within the State of Florida and acting as incorporator of a corporation under the Professional Service Corporation Act (Chapter 621, Florida Statutes), adopts the following Articles of Incorporation:

**ARTICLE I. NAME**

The name of this corporation is Sue Hollingsworth, P.A.

**ARTICLE II. PRINCIPAL OFFICE OR MAILING  
ADDRESS OF CORPORATION**

The principal office and mailing address of this corporation is: 1300 W. North Blvd., Leesburg, Florida 34748.

**ARTICLE III. CAPITAL STOCK**

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

One Thousand (1000) shares of common stock  
all of one class, having a nominal or par  
value of ONE DOLLAR (\$1.00) per share.

**ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 1300 W. North Blvd., Leesburg, Florida 34748, and the name of the initial registered agent of this corporation at that address is Sue Hollingsworth.

**ARTICLE V. INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is Sue Hollingsworth.


**ARTICLE VI. PURPOSE**

The purpose for which this corporation is formed is to render real estate brokerage services through its officers, employees and agents who are in good standing and duly licensed or otherwise legally authorized to render such services in the State of Florida to render the same.

**ARTICLE VII INDEMNIFICATION**

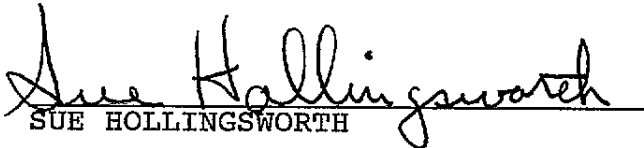
The corporation shall indemnify any person to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21 day of May, 1998.

  
SUE HOLLINGSWORTH, Incorporator


**ACCEPTANCE BY REGISTERED AGENT:**

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
SUE HOLLINGSWORTH

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this \_\_\_\_ day of May, 1998, by Sue Hollingsworth, Incorporator, who \_\_\_\_ is personally known to me or \_\_\_\_ produced Florida Driver License as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA  
(Signature of Notary)

[SEAL]



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