

P960000051274

TRANSMITTAL LETTER

FILED

FROM:

Name of corporation: Peter Sharp Inc.

96 JUN 14 PM 3:23

Street address of the corporation 10390 NW 18th Drive

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32322

City Plantation

State Fl.

ZIP

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

A CERTIFIED COPY is ☐ is not ☒ requested.

If a certified copy is requested, the additional fee in the amount of \$ _____ is enclosed.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

Peter Sharp
Incorporator

954-877-3176

Telephone Number

400001862794
-06/17/96--01003--011
*****70.00 *****70.00

PH
6/17/96

ARTICLES OF INCORPORATION
of

FILED

Peter Sharp Inc.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.
96 JUN 14 PM 3:23
COUNTY OF STATE
TALLAHASSEE, FLORIDA

Article 1. The name of the Corporation is:

Peter Sharp Inc.

Article 2. The principal place of business and mailing address of this corporation is:

10390 NW 18th Drive, Plantation, Florida 33322

Article 3. The corporation is authorized to issue one class of stock, that stock being 1000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Peter Sharp, 10390 NW 18th Drive, Plantation, Florida 33322

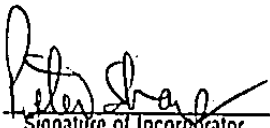
Article 5. The name and street address of the incorporator of this corporation is:

Peter Sharp, 10390 NW 18th Drive, Plantation, Florida 33322

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

6/3/96
Date


Signature of Incorporator

Peter Sharp
Name of Incorporator

CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT

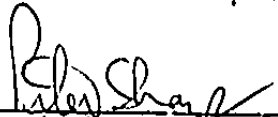
FILED

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida, ^{96 JUL 11 PM 3:23} SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name and address of the corporation's registered agent and registered office is:

Peter Sharp
Name
10390 NW 18th Drive
Street address
Plantation, Florida 33322
City/State/ZIP

Having been named as the 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.


Signature of registered agent.
6/3/96
Date of signature

P96 0000 51274

MR & MRS SHARP
10090 NW 10TH DRIVE
PLANTATION, FL 33322

City/State/Zip

Phone #

500001894195
-07/16/96--01038--012
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

96 JUL 16 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS OCT 10 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 17, 1996

PETER SHARP
10390 N.W. 18TH DR.
PLANTATION, FL 33322

SUBJECT: PETER SHARP INC.
Ref. Number: P96000051274

We have received your document for PETER SHARP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an Incorporator if adopted by the Incorporators or by a director if adopted by the directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 696A00034686



LOTTERMAN REAL ESTATE SERVICES, INC.

4275 AURORA STREET, SUITE D / CORAL GABLES, FLORIDA 33146 / (305) 446-8002
FAX # (305) 446-0840

October 4, 1996

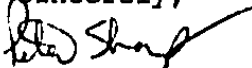
Ms. Nancy Hendricks
Corporate Specialist
Division of Corporations

Dear Ms. Hendricks:

As per our conversation today, please back date to
original date of PA (~~June 18, 1996~~).

Thank you very much.

Sincerely,


Peter Sharp

Back dated to date of
Receipt of the Amend.



ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
96 JUL 16 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Peter Sharp Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article #1- The name of the corporation shall be changed to Peter Sharp PA.

Purpose of PA is for real estate investment and sales.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: July 1, 1996

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1st day of July, 19 96

Signature

Peter Sharp, Pres.

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Peter Sharp

Typed or printed name

President

Title