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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 12 2013

COVER LETTER

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

SUBJECT: Ann Marie Shields, 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: Ann Marie Shields
Name (Printed or typed)

7579 Twin Eagle Lane
Address

Ft Myers FL 33912
City, State & Zip

239 470-3010
Daytime Telephone number

annmarie05@comcast.net
E-mail 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: Ann Marie Shields, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7579 Twin Eagle Lane Ft Myers Fl 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate related activities

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ann Marie Shields Name and Title: _____

Address: 7579 Twin Eagle lane Address: _____

Ft Myers Fl 33912 _____

Director, President, Secretary, Treasurer & Shareholder

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FL 32301

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: Ann Marie Shields
 Address: 7579 Twin Eagle Lane
Ft Myers Fl 33912

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ARTICLE VII INCORPORATOR

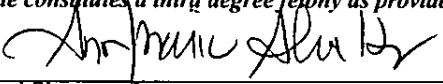
The **name and address** of the Incorporator is:

Name: Ann Marie Shields
 Address: 7579 Twin Eagle Lane
Ft Myers Fl 33912

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

 3/4/2013
 Required Signature/Registered Agent 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.

 3/4/2013
 Required Signature/Incorporator Date