Jul. 2. 20[illegible] [illegible]PM No. 185[illegible] P. 1

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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: DAVIDCPA@TAMPABAY.RR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

SHARON CREVELING, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

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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: SHARON CREVELING, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
125 28TH ST N
ST PETERSBURG, FL 33713

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO OPERATE ANY LEGAL BUSINESS IN THE STATE OF FLORIDA INCLUDING OPERATING AS A LICENSED ATTORNEY.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON CREVELING, PST
Address: 125 28TH ST N
ST PETERSBURG, FL 33713

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

15 JUL -2 AM 5:12

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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

FILED
15 JUL -2 AM 5:12

ARTICLE VII INCORPORATOR

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

Name: DAVID C HASTINGS

Address: 2207 54TH ST S

GULFPORT, FL 33707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/02/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 07/02/2015

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.

_____ 07/02/2015

Required Signature/Incorporator Date

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