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SECRETANY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: Shar		E	10000461 7 -10/01/010; *****78.75
snar	p Investments, Inc. (Proposed cor	porate name - must include su	ıffix)
		•	
Enclosed is an original a	nd one(1) copy of the artic	eles of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
FROM:s	usan Sharp Name (I	Printed or typed)	
_43	135 NW 10th St.	Address	
<u>1</u> _	elray Beach. Florida	33445	

City, State & Zip <u> 561-865-1122</u> Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

C. BLALOUN OCT 3

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SECKETART OF STATE TALLAHASSEE, FLORIDA

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

# ARTICLE I NAME

The name of the corporation shall be:

Sharp Investments, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4135 NW 10th St. Delray Beach, FL 33445

# ARTICLE III SHARES

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

1,000.

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Susan C. Sharp 4135 NW 10th St. Delray Beach, Florida 33445

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Susan C. Sharp 4135 NW 10th St. Delray Beach, Florida 33445

Signature/Incorporator

8/30/0/ Date

(An additional article must be added if an effective date is requested.)

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 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/Registered Agent

Date