# TRANSMITTAL LETTER

P0200000364

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

200004745412--7
-12/31/01--01060--004
*****78.75 *****78.75

SUBJECT: ___Sharon Smith, P.A.___
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

❑ $70.00          ☒ $78.75                    ❑ $78.75              ❑ $87.50
Filing Fee          Filing Fee                    Filing Fee            Filing Fee,
                    & Certificate of Status     & Certified Copy     Certified Copy
                                                                      & Certificate of
                                                                      Status

                                                 ADDITIONAL COPY REQUIRED

FROM: __Sharon Smith_____
                        Name (Printed or typed)

__804 White Street_____
                        Address

__Key West, FL 33040_____
                        City, State & Zip

__(305) 296-7711 Ext. 1707_____
                        Daytime Telephone number

01 DEC 31 PH 1:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JAN 2 2001

# 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 Smith, P.A.

## ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailing address is:

617 Front Street
Key West, FL 33040

## ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

Time Share Resale

## ARTICLE IV      SHARES

The number of shares of stock is:

1,000

## ARTICLE  V   INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sharon Smith, President, Secretary, Treasurer

## ARTICLE VI      REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Sharon Smith
617 Front Street
Key West, FL 33040

## ARTICLE VII      INCORPORATOR

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

Sharon Smith
804 White Street
Key West, FL 33040

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*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*

_____        12/27/01
Signature/Registered Agent                                      Date

_____        12/27/01
Signature/Incorporator                                             Date