

PO2000045095

TRANSMITTAL LETTER

FILED

02 APR 19 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT:

Shawn Aaron, 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:

Shawn Aaron

Name (Printed or typed)

6115 Chere Ct.

Address

Lutz, FL 33549

City, State & Zip

813-909-0990

Daytime Telephone number

000005308550--2  
-04/19/02--01062--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

WD2 11600  
D. WHITE APR 25 2002

2

**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: *Shawn Aaron, P.A.*

FILED

02 APR 19 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *6115 Chene Ct  
Lutz, FL 33549*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Marketing & Consulting & Investments*

**ARTICLE IV SHARES**

The number of shares of stock is: *1000*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

*Shawn Aaron: President*

**ARTICLE VI REGISTERED AGENT**

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

*Shawn Aaron  
6115 Chene Ct  
Lutz, FL 33549*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

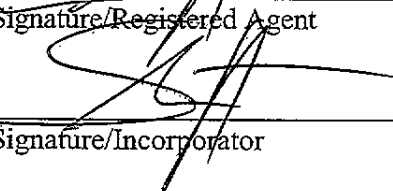
*Shawn Aaron  
6115 Chene Ct  
Lutz, FL 33549*

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

*4/16/02*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*4/16/02*  
\_\_\_\_\_  
Date