| Requester's Name                                  | FILED<br>02 JUN 13 PM 4: 19                             |
|---|---|
| · · · · · · · · · · · · · · · · · · ·             | SECRETARY S OFF   |
| Address<br>SHARON M. BODZIAK                      | SECRETARY OF STATE<br>TALL AHASSEE FLORIDA              |
| 5162 OLD ASHWOOD DRIVE<br>SARASOTA FLORIDA 34233. |   |
|   |   |
|   | Office Use Only   |
| ORPORATION NAME(S) & DOCU                         | MENT NUMBER(S), (if known):                             |
| Show and Into                                     | Min & Aug   |
| (Corporation Name)                                | (Document #)  |
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| (Corporation Name)                                | (Document #) 20005765522<br>-06/13/0201051015           |
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| (Corporation Name)                                | (Document #)  |
| ☐ Walk in ☐ Pick up time                          | Certified Copy  |
| ☐ Mail out ☐ Will wait                            | Photocopy Certificate of Status                         |
|   |   |
| <u>IEW FILINGS</u>                                | AMENDMENTS  |
| ☐ Profit ☐ Not for Profit                         | Amendment Resignation of R.A., Officer/Director         |
| Limited Liability                                 | Change of Registered Agent                              |
| Domestication                                     | <ul><li>Dissolution/Withdrawal</li><li>Merger</li></ul> |
| _   | - Morgor  |
| Other   |   |
| Other   | REGISTRATION/QUALIFICATION                              |
| _   | REGISTRATION/QUALIFICATION  Foreign Limited Partnership |

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## ARTICLES OF INCORPORATION

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OF SHARON'S ENTERPRISES INC. SECRETARY OF STATE TALL AHASSEE FLORIDA

THE UNDERSIGNED INCORPORATOR HEREBY FORMS A CORPORATION UNDER CHAPTER 607 OF THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION SHALL BE SHARON'S ENTERPRISES, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE, 2267 RINGLING BOULEVARD, SARASOTA, FLORIDA 34237 AND THE MAILING ADDRESS OF THE CORPORATION SHALL BE THE SAME.

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ALSO ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE COUNTRY, TERRITORY, OR NATION.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARES OF COMMON STOCK HAVING \$1 PAR VALUE PER SHARE.

ARTICLE IV. REGISTERED OFFICE & AGENT

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION SHALL BE: 5162 OLD ASHWOOD DRIVE, SARASOTA, FLORIDA 34233 AND THE NAME OF THE INITIAL REGISTERED AGENT OF THE CORPORATION AT THAT ADDRESS IS SHARON M. BODZIAK.

ARTICLE V. TERMS OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE VI. PREMPTIVE RIGHTS

THE CORPORATION ELECTS TO HAVE PREEMPTIVE RIGHTS.

## ARTICLE VII. OFFICERS

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THE NAME AND ADRESS OF THE INITIAL OFFICERS OF THE CORPORATION WHO SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE CORPORATION, OR UNTIL THIER SUCCESSORS ARE ELECTED OR ARE APPOINTED ARE:

SECRETARY OF STATE TALLAHASSEE FLORIDA

PRESIDENT SHARON M. BODZIAK 5162 OLD ASHWOOD DRIVE SARASOTA FLORIDA 34233

## ARTICLE VIII. CUMULATIVE VOTING

AT EACH ELECTION FOR DIRECTORS, ALL OR A DESIGNATED VOTING GROUP OF SHAREHOLDERS ARE ENTITLED TO CUMULATE THEIR VOTE FOR DIRECTORS.

## ARTICLE IX. INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS OF THE CORPORATION ARE: SHARON M. BODZIAK, 5162 OLD ASHWOOD DRIVE, SARASOTA FLORIDA 34233.

Sharon M. Bodziak

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

SHARON M. BODZIAK

STATE OF FLORIDA

COUNTY OF SACASAA

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY LAST AFORESAID TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED,

TO ME KNOWN TO BE THE PERSON DESCRIBED AS INCORPORATOR IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION FOR THE USES AND PURPOSES EXPRESSED THEREIN.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE

NAMED ABOVE THIS:

Une 10,2002 MY COMMISSION EXPIRES

NOTARY PUBLIC

Barbara P. Erickson

My Commission CC846029

Expires June 13, 2003