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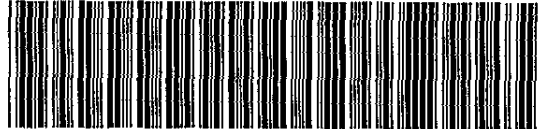
(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: Ann M. Jara, 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: Ann M. Jara
Name (Printed or typed)

4149 St. Andrews Dr.
Address

Boynton Beach, FL 33436
City, State & Zip

561-364-8608
Daytime Telephone number

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

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:

Ann M. Jara, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4149 St. Andrews Dr. Boynton Beach, FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

real estate agent

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Ann M. Jara

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ARTICLE VI REGISTERED AGENT

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

Ann M. Jara 4149 St. Andrews Dr. Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann M. Jara 4149 St. Andrews Dr. Boynton Beach, FL 33436

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

Ann M. Jara
Signature/Registered Agent

Ann M. Jara
Signature/Incorporator

9/26/02
Date

9/26/02
Date