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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gc 3/11

TRANSMITTAL LETTER

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

SUBJECT: _____

Biondi-Shannon, CPA, PA
(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: _____

Jo Anne Biondi-Shannon

Name (Printed or typed)

P.O. Box 16941

Address

Clearwater FL 33766-6941

City, State & Zip

727 744 8072

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: *Biondi ~ Shannon, CPA, PA*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*Suite 100 A
2430 Estancia Blvd
Clearwater FL 33716*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Accounting, Consulting and
Trustee services*

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):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

*Ralph M. Shannon
15717 Bertram Drive
Hudson FL 34667*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JO ANNE Biondi-Shannon, CPA
15717 Bertram Dr
Hudson, FL 34667*

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

Ralph M. Shannon

Signature/Registered Agent

3/11/03

Date

Jo Anne Biondi-Shannon

Signature/Incorporator

3/11/03

Date