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(Requestor's Name)

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(City/State/Zip/Phone #)

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03 APR 17 AT 7:59
SECURITY STATE
ATTORNEY GENERAL

SB
H/51

TRANSMITTAL LETTER

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

SUBJECT: Susan R. Ables 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: Susan Renee Ables
Name (Printed or typed)

6911 SR 54
Address

New Port Richey, FL 34653
City, State & Zip

727-842-2966
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:

Susan R. Ables P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6911 SR 54
New Port Richey, FL 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Operation Of Real Estate Business

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Susan R. Ables
6911 SR 54
New Port Richey, FL 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan R. Ables
6911 SR 54
New Port Richey, FL 34653

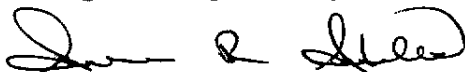
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/14/2003

Date



Signature/Incorporator

4/14/2003

Date

03 APR 17 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA