

PO4000028421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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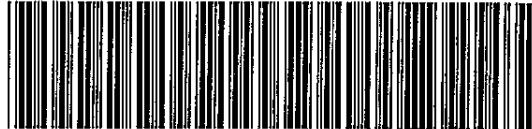
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 FEB -4 PM 1:39  
TALLAHASSEE FLORIDA

2/10/04

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

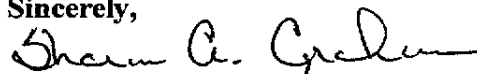
DEPARTMENT OF STATE  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Gentlemen:

Re: SHARON A. GRAHAM, INC.

Enclosed are an original and one copy of the Articles of Incorporation and a check for \$78.75 to cover the filing fee and Certified Copy.

Sincerely,



SHARON A. GRAHAM  
2115 SE 4TH STREET  
CAPE CORAL, FLORIDA 33990

**ARTICLES OF INCORPORATION  
OF  
SHARON A. GRAHAM, INC.**

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I**

**The name of the corporation is SHARON A. GRAHAM, INC.**

**ARTICLE II**

**The principal place of business and mailing address of the corporation is 2115 SE 4<sup>TH</sup> STREET, CAPE CORAL, FL 33990.**

**ARTICLE III**

**This corporation is being formed to operate several small independent businesses for the shareholders.**

**ARTICLE IV**

**The number of shares of stock for the corporation is One Thousand (1,000).**

**ARTICLE V**

**The following will be the initial officers and directors of SHARON A. GRAHAM, INC.:**

**SHARON A. GRAHAM  
2115 SE 4<sup>TH</sup> STREET  
CAPE CORAL, FL 33990**

**ARTICLE VI**

**SHARON A. GRAHAM of 2115 SE 4<sup>th</sup> STREET, CAPE CORAL, FL 33990 shall be the registered agent of this corporation.**

## ARTICLE VII

**SHARON A. GRAHAM** whose address is **2115 SE 4<sup>TH</sup> STREET, CAPE CORAL, FL 33990** is the incorporator herein.

  
**SHARON A. GRAHAM, INCOPRPRATOR**

**HAVING** been named Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, I acknowledge that I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Date: 1/31/04

  
**REGISTERED AGENT**

Date: 1/31/04

  
**INCORPORATOR**

**FILED**  
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OFFICE OF STATE  
TALLAHASSEE FLORIDA