

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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FALL GUY, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**MICHAEL L. POGAR, PA**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

11-16-04

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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 :
MICHAEL L. POGAR, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :
11333 PORTSIDE DRIVE
JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized:
To engage in services and activities associated with the listing and sale of
real estate, both commercial and residential, as a sales associate.

ARTICLE IV SHARES

The number of shares of stock is:
1000 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director & President:

MICHAEL L. POGAR
11333 PORTSIDE DRIVE
JACKSONVILLE Florida 32225

ARTICLE VI REGISTERED AGENT

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

MICHAEL L. POGAR
11333 PORTSIDE DRIVE
JACKSONVILLE Florida 32225

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PAGE 2 MICHAEL L. POGAR, PA

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MICHAEL L. POGAR
11333 PORTSIDE DRIVE
JACKSONVILLE Florida 32225

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.

Michael L. Pogar
Signature / Registered Agent

11/15/04
Date

Michael L. Pogar
Signature/Incorporator

11/15/04
Date

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