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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

DOROTHY M. MAYES, P.A.

| Certificate of Status | O I |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

DOROTHY M. MAYES, P.A.

ARTICLE U PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

PO Box 17724

Tampa, FL 33682-1772

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares

Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

Dorothy M. Mayes 2319 Colby Lane East Tamps, FL 33612

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Dorothy M. Mayer 2319 Colby Lane East Tampa, FL 33612

ARTICLE VI OFFICERS

The officers of the corporation are:

Dorothy M. Mayes - President/Secretary/Treasurer

ARTICLE VII DIRECTORS

The directors of the corporation are: Dorothy M. Mayes - Director

ARTICLE VIII BUSINESS PURPOSE

The business purpose of this corporation is:

Sales - Real Estate & Legal Services

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date

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