

# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

Erom:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

SECRETARY OF STATE AHASSEE, FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

POLLY JO CALDWELL, P.A.

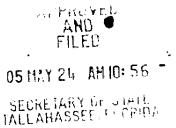
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# ARTICLES OF INCORPORATION OF Polly Jo Caldwell, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

Polly Jo Caldwell, P.A.

The principal place of business of this corporation shall be:

8187 County Line Rd Melrose FL 32666-8924

The Mailing Address of this corporation shall be:

8187 County Line Rd Melrose FL 32666-8924

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. The business is Real Estate Sales.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

**500 (FIVE HUNDRED)** 

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold officer the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President:

Polly Jo Caldwell 8187 County Line Rd Melrose FL 32666-8924

# ARTICLE VI INCORPORATOR(S)

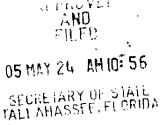
The name(s) and street address(es) of the incorporators(s) to this articles of incorporation is(are):

Polly Jo Caldwell 8187 County Line Rd Meirose FL 32666-8924

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OR INCORPORATION THIS 24th DAY OF MAY 2005.

SIGNATURE(S) OF INCORPORATOR(S)

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# CERTIFICATE OF DESIGNATION

## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Polly Jo Caldwell, P.A.

The name and address of the registered agent and office is:

Polly Jo Caldwell 8187 County Line Rd Melrose FL 32666-8924

SIGNATURE COLLEGE COLORS

Having been name to accept the service of process for the above stated Corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607,325, Florida Statues.

SIGNATURE

DATE

Prepared by: Novice's Accounting & Tax Service, Inc. 805 Virginia Ave Suite 29 Ft Pierce FL 34982

(772) 461-5987