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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

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

| SUBJECT: Gary Schad, P.A. | | | |
|--|--|---|--|
| (PROPÓSED CORPORA) Enclosed are an original and one (1) copy of the artic | | | |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: Gary Schad, P.A. Name (Printed or typed) | | | |
| 10135 Gate Parkwa | · · · · · | | |
| Jacksonville, FL 322 | 246 State & Zip | | |
| 386-453-1988 | elephone 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:

Gary Schad, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10135 Gate Parkway N. #911 Jacksonville, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales and related activities.

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gary Schad

P/S/D

10135 Gate Parkway N. #911

Jacksonville, FL 32246

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gary Schad 10135 Gate Parkway N. #911 Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary Schad 10135 Gate Parkway N. #911 Jacksonville, FL 32246

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

Signature/Incorporator