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SECRETARY OF STATE.

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TRANSMITTAL LETTER

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

Subject:		Shear A Peel, Inc.			
		(Proposed corporate	e name -must include su	ıffix)	
Enclosed i	s an original an	d one (1) copy of the	articles of incorporation	and a check for	:
		\$70.00	\$78.75		
		Filing Fee	Filing Fee & Certificate		
	Х	\$78.75		\$87.50	
	Filing Fee		Filing Fee		
	& Certified		Certified Copy		
	Сору		&Certificate		
	Additional	copy required			
FROM:		Richard D. Bell			
	Name (printed or typed)				AC SE
	3670 U S 1 South, Suite 290				2001 MAY 25 SECRETARY O ALLAHASSEE
	Address				AY Z
	St. Augustine, FI 32086				Y 25 AM ARY OF S
	City/State/Zip				FLOO TSTD
		(904) 797-6660			LED 'S AM II: 37 Y OF STATE EE. FLORIDA
		Daytim	e Telephone number		7

Note: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Shear A Peel, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

585 Market St St. Augustine, FI 32095

ARTICLE III SHARES

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

100 shares 1.00 par value

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Teresa D. Peel 585 Market St St. Augustine, Fl 32095

ARTICLE V. INCORPORATORS

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

Donovan, Bell & Assoc., CPA's, PA 3670 U S 1 South, Suite 290 St Augustine, FL 32086

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Pres:

Teresa D. Peel 585 Market St

St. Augustine, FI 32095

12th da

day of

February

2007

(An additional article must be added if an effective date is requested)

Signatur

President of Donovan, Bell & Associates, CPAs, PA

Notarization is not required

CERTIFICATE OF DESIGNATION OF 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	Tha	nama	of the	Corporat	ion ie:
1.	1110	Hallic	OI LITE	CULDULA	JUH IS.

Shear A Peel, Inc.

Teresa D. Peel	
(Name)	
585 Market St	
(P.O. Box NOT acceptable)	
St. Augustine, FI 32095	
(City/State/Zin)	

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.

Signature

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SECRETARY OF STATE TALLAHASSEE, FLORID,

2007 MAY 25 AH 11.