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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

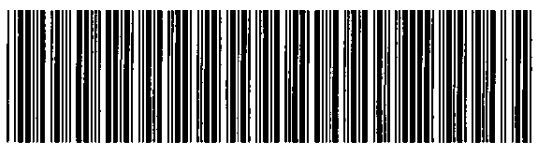
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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AND  
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08 APR -2 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** SHARPE GROUP, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DANIEL W. SHARPE

Name (Printed or typed)

689 CENTRAL AVE STE 106

Address

ST PETERSBURG, FL 33701

City, State & Zip

727-643-6709

Daytime Telephone 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:

SHARPE GROUP, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

689 CENTRAL AVE STE 106, ST PETERSBURG, FL 33701

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE DEVELOPMENT CONSULTING

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DANIEL W. SHARPE - PRESIDENT  
689 CENTRAL AVE STE 106  
ST PETERSBURG, FL 33701

### **ARTICLE VI REGISTERED AGENT**

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

DANIEL W. SHARPE  
689 CENTRAL AVE STE 106  
ST PETERSBURG, FL 33701

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DANIEL W. SHARPE  
689 CENTRAL AVE STE 106  
ST PETERSBURG, FL 33701

\*\*\*\*\*

*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*

x   
\_\_\_\_\_  
Signature/Registered Agent

3-26-2008

\_\_\_\_\_  
Date

x   
\_\_\_\_\_  
Signature/Incorporator

3-26-2008

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -2 PM 2:34

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AND  
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