

PO8000106279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

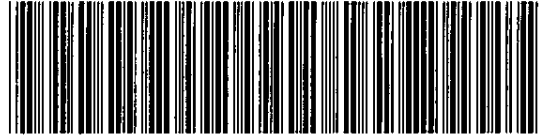
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700138385307

12/05/08--01009--001 **87.50

FILED
08 DEC - 5 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature or initials at the bottom center of the page.

COVER LETTER

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

SUBJECT: Sean Sharrett 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Sean Sharrett
Name (Printed or typed)

4689 Santa Rosa dr.
Address

Pace Fl. 32571
City, State & Zip

(850) 698-3050
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:

Sean Sharrett Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4689 Santa Rosa dr. Pace Fl. 32571

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC - 5 PM 12: 38

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Sean Sharrett
4689 Santa Rosa dr.
Pace Fl. 32571
President*

ARTICLE VI REGISTERED AGENT

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

*Sean Sharrett
4689 Santa Rosa dr.
Pace Fl. 32571*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sean Sharrett
4689 Santa Rosa dr.
Pace Fl. 32571*

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]

Signature/Registered Agent

Dec. 3, 2008

Date

[Signature]

Signature/Incorporator

Dec. 3, 2008

Date