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(Requestor's Name)

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(City/State/Zip/Phone #)

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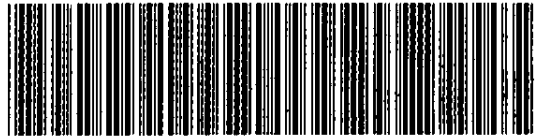
(Business Entity Name)

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DIVISION OF CORPORATIONS
2009 OCT 22 PM 1:14

JP 10/23/09

COVER LETTER

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

SUBJECT: Debra W. Shultz, Incorporated
(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: Ronald M. Shultz, CPA, PA
Name (Printed or typed)

4908 NW 34th Street Suite 10
Address

Gainesville, FL 32605
City, State & Zip

352-338-8350
Daytime Telephone number

Shultz@NorthFloridaCPA.com
E-mail address: (to be used for future annual report notification)
RShultz@NorthFloridaCPA.com

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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)

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ARTICLE I NAME

The name of the corporation shall be: Debra W. Shultz, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

4908 NW 34th Street Suite 10
Gainesville, FL 32605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Debra W. Shultz: President

ARTICLE VI REGISTERED AGENT

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

Debra W. Shultz
4908 NW 34th Street Suite 10
Gainesville, FL 32605

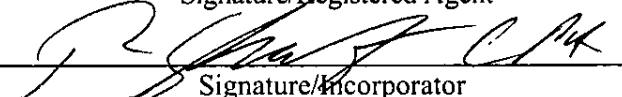
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronald M. Shultz, CPA, PA
4908 NW 34th Street Suite 10
Gainesville, FL 32605

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

* Please See attached form for Signature
Signature/Registered Agent


Signature/Incorporator

10-21-2009
Date

10/21/2009
Date

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, 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:

Debra W. Shultz, Inc.

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

Debra W Shultz
(Name)

4908 NW 34th Street, STE 10
(P.O. Box NOT acceptable)

Gainesville, FL 32605
(City/State/Zip)

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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.

* Debra Shultz 10/21/09
Signature Date