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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: David Lockhar | , |
|--|--|
| (PROPOSED CORPO | DRATE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the | articles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status |
| | ADDITIONAL COPY REQUIRED |
| FROM: David A. Lockhart | lame (Printed or typed) |
| 212 43rd Ave | |
| | Address |
| St Pete Beach, FL 33 | 3706 City, State & Zip |
| 727-239-2323 Daytir | ne Telephone number |
| Wendy@LockhartTea E-mail address: (to be | m.com used for future annual report notification) |

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 David Lockhart, P.A | | | |
|--------------------------|---|----------------------------------|-----------------------------------|--|
| The name of the | corporation shall be: | | | |
| ARTICLE II | PRINCIPAL OFFICE | FICE | | |
| | Principal street address | Mailing ad | dress, if different is: | |
| | 263 Corey Ave | - | | |
| | St Pete Beach, FL 33706 | | | |
| ADDIOL DI III | DIM NOOP | | 2010 | |
| The nurnose for | which the corporation is organized is: | | ** * | |
| | Sales and Services | | E E | |
| | | | | |
| | | | 22 | |
| | | | | |
| | | | | |
| ARTICLE IV | SHARES | | | |
| The number of s | hares of stock is: 1 | | \$ 5 | |
| ADTICITY | INITIAL OFFICERS AND/OR DIREC | MODE. | | |
| | Title: David Lockhart | | | |
| Address: | 212 43rd Ave | Address: | | |
| | St Pete Beach, FL 33706 | | | |
| | | | | |
| Name and | Title: | Name and Title: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| Name and | Title: | Name and Title: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | REGISTERED AGENT | 13 69 2. 1 | | |
| The <u>name and back</u> | Florida street address (P.O. Box NOT acceptal | | | |
| Address: | David Lockhart 212 43rd AVe | ······· | | |
| riddiess. | St Pete Beach, FL 33706 | | | |
| | - | | | |
| ARTICLE VII | | | | |
| Name: | ddress of the Incorporator is: David Lockhart | | | |
| Address: | 212 43rd Ave | | | |
| | St Pete Beach, FL 33706 | | | |
| Havina haan na | uned as registered agent to accept service of p | roces for the above stated corne | ration at the place declarated in | |
| | am familiar with and accept the appointment of | | | |
| | | | • • | |
| 110 | und Talkant | | 12/19/2010 | |
| | Required Signature/Registered Agen | t | Date | |
| I submit this do | cument and affirm that the facts stated herei | n are true. I am aware that the | false information submitted in a | |
| | Department of State constitutes a third degree | | | |
| | 1 1/2/ | y <u>x</u> | • | |
| 1/ac | 1 forther No | | 12/19/2010 | |
| your | Required Signature/Incorporator | | Date | |