

P11000093567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Sharp

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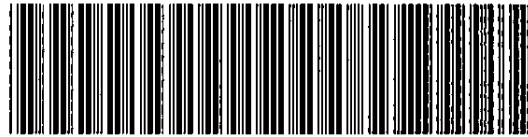
AUTHORIZATION BY PHONE TO

CORRECT name

DATE 10/26/11

DOC. EXAM VH

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10/25/11--01047--017 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 25 PM 3:46

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Sharp Professional Corporation, P.A.

(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: Robert A. Sharp
Name (Printed or typed)

163 Rosewood Ave.
Address

Ormond Beach, FL 32174
City, State & Zip

(386) 671-1052
Daytime Telephone number

drrasharp@gmail.com
E-mail address: (to be 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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Sharp Professional, P.A.

11 OCT 25 PM 3:46

ARTICLE II PRINCIPAL OFFICE

Principal street address

163 Rosewood Ave.

Ormond Beach, FL 32174

Mailing address, if different is:

163 Rosewood Ave.

Ormond Beach, FL 32174

SECRETARY OF STATE
PALM BEACH, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General medical practice and all other legal business.

ARTICLE IV SHARES

The number of shares of stock is: -100-

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A. Sharp, President

Address: 163 Rosewood Ave.

Ormond Beach, FL 32174

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert A. Sharp

Address: 163 Rosewood Ave.

Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Robert A. Sharp

Address: 163 Rosewood Ave.

Ormond Beach, FL 32174

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



Robert A. Sharp

Required Signature/Registered Agent

October 21, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Robert A. Sharp

Required Signature/Incorporator

October 21, 2011

Date