#002 P. 001/006

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000262826 3)))



H110002628263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GENESIS TAX HOUSE OF FLORIDA, INC.

Account Number : I20110000068 Phone : (866)325-3829 Fax Number : (617)628-3890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Address			

FLORIDA PROFIT/NON PROFIT CORPORATION LISA MCKEON, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

ZBII NOV 29 AM II: OU
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

7. 3440ers NOV 3 U 5011

From:Genesis Tax

617 628 3890

11/29/2011 10:54

#002 P. 002/006

850-617-6381

11/4/2011 1:12:57 PM PAGE

1/001

Fax Server



November 4, 2011

PLORIDA DEPARTMENT OF STATE
Division of Corporations

GENESIS TAX HOUSE

SUBJECT: LISA MCKEON, P.A.

REF: W11000056438

We required your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refer the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000051746 (LISA MC KEON INCORPORATED).

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H11000262826 Letter Number: 511A00025146



From: Genesis Tax

617 628 3890

11/29/2011 10:54

#002 P. 003/006

H11000262826 3

SECRETARY OF STATE

ARTICLES OF INCORPORATION FOR

LISA A MCKEON, P.A.

a Florida Professional Services Corporation

The undersigned subscriber to these Articles of Incorporation is a Natural Person competent to contract and hereby form a Professional Services Corporation under the provisions of Chapter 607 and or 621 of the Florida Statutes.

ARTICLE I - NAME OF PROFESSIONAL SERVICES CORPORATION

The name of the Professional Services Corporation shall be: LISA A MCKEON, P.A. (Hereinafter, "Professional Association")

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Professional Association shall be:

Principal Office

Mailing Address

516 NW 4TH AVENUE DELRAY BEACH, FL 33444 516 NW 4TH AVENUE DELRAY BEACH, FL 33444

ARTICLE III - PURPOSE OF BUSINESS

This Professional Association is being formed to render professional real estate services through a person licensed in the State of Florida to Real Estate Brokers, Developers and Owners, selling real estate properties, and conducting any other activity or business permitted under the law of the United States and Section 621.08 Florida Statutes.

ARTICLE IV - CAPITAL STOCK

The number of chares of stock that the Professional Association is authorized to issued is: 1,000 at a \$0.01 par value each share

Each issued and outstanding share of common stock shall be entitled to one vote on each matter submitted to a vote at a meeting of the shareholders.

ARTICLE V - REGISTERED OWNERS

The Professional Association, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Professional Association as the owner thereto, for all purposes, and except as may be agreed in writing by the Professional Association, the Professional Association shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Professional Association shall have notice thereof.

H11000262826 3

ARTICLE VI - EFFECTIVE DATE OF INCORPORATION

These Articles of incorporation shall be effective immediately as of approval of the Secretary of State, State of Florida.

ARTICLE VIL-DURATION / TERM OF EXISTENCE

This Professional Association shall have perpetual existence commencing on the effective date of theses Articles with the Department of State.

ARTICLE VIII - INITIAL DIRECTOR/OFFICER(S)

The name and address of the Professional Association's Initial Director/Officer (s) are:

Nume and Title

Address

LISA A MCKEON PRESIDENT

516 NW 4TH AVENUE DELRAY BEACH, FL 33444

ARTICLE IX - INCORPORATOR

The name and address of the incorporator are:

LISA A MCKEON 516 NW 4TH AVENUE DELRAY BEACH, FL 33444

ARTICLE X - REGISTERED OFFICE AND AGENT

The name and street address of the Professional Association's registered agent are:

LISA A MCKEON 516 NW 4TH AVENUE DELRAY BEACH, FL 33444

ARTICLE XI - INDEMNIFICATION

The Professional Association shall indemnify any present or former officer or director, or person exercising powers and duties of an officer or a director, to the full extent now or hereafter permitted by law.

#002 P. 005/006

H110002628263

ARTICLE XII - DISSOLUTION

The Professional Association may be dissolved at any time on the affirmative vote or the holders of at least two thirds (2/3) of the outstanding shares of the Professional Association entitled to vote thereon. On dissolution the corporate property and assets shall, after payment of all debts of all debt of the Professional Association, be distributed to the shareholders pro-rate, each shareholder to participate in direct proportion to the number of shares held by him.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this November 9, 2011.

By: Lisa A Mckeon

President

H11000262826 3

CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

Pursuant to the Provisions of Section 607.0501 F.S., The undersigned Corporation, organized under the laws of the State of Florida, submits the following statement:

Having been named as registered agent and to accept service of process for the above stated Professional Association 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 as provided for in Section 607.0505 F.S.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance this November 9, 2011.

Lisa A Mickeon - President (Signature)