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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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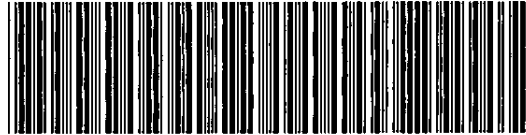
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch JAN 13 2012

COVER LETTER

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

SUBJECT: Sherry D. Craig, CPA, 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: Sherry D. Craig

Name (Printed or typed)

PO Box 112374

Address

Naples FL 34108

City, State & Zip

(239) 961-0002

Daytime Telephone number

sdcraigcpa@comcast.net

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)

ARTICLE I NAME Sherry D. Craig, CPA, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
120 20th Avenue NE
Naples, FL 34120

Mailing address, if different is:
PO Box 112374
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide accounting and tax services

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherry D. Craig
Address: 120 20th Ave NE
Naples, FL 34120

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: Sherry D. Craig
Address: 120 20th Avenue NE
Naples, FL 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherry D. Craig
Address: 120 20th Avenue NE
Naples, FL 34120

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

Sherry D. Craig

Required Signature/Registered Agent

01/09/2012

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.

Sherry D. Craig

Required Signature/Incorporator

01/09/2012

Date