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12 HAY 16 PM 12: 15 SECRETARY OF STATE

MRJAINIZ

COVER LETTER

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

SUBJECT: Dianne Hichelle Honel, PA			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	The state of the s		
FROM: Dianne Hichelle Name	(Printed or typed)		
7450 Lake Mar	sha Dr.		
A	Address		
Orlando FL 3a	819		
City,	State & Zip		
407-484-6357			
Daytime Te	elephone number		
dianne. Honel e	Qmail.Com		
E-mail address: (to be used	for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.

FILED 12 MAY 16 PM 12: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF **DIANNE MICHELLE HONEL, P.A.**

The undersigned Professional Association, for the purpose of forming a corporation under the Florida Business Corporations Act, hereby adopts the following Articles of Incorporation. (Profit Corporation).

ARTICLE I NAME

The name of the corporation shall be: DIANNE MICHELLE HONEL, P.A.

ARTICLE II PRINCIPLE PLACE OF BUSINESS/MAILING ADDRESS IS:

The principal place of business and mailing address of this corporation shall be:

7450 LAKE MARSHA DR. ORLANDO, FL 32819

ARTICLE III PURPOSE:

The general nature of the business to be transacted by this Corporation is:

PROFESSIONAL ASSOCIATION, REAL ESTATE TRANSACTIONS AS A LICENSED SALES PERSON.

Additionally, this Corporation may and is authorized to engage in any activity or business permitted under the Laws of the United States, State of Florida, and the Florida Department of Business and Professional Regulation.

ARTICLE IV CAPITAL STOCK:

The number of share of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOCK AT A NOMINAL VALUE OF 1.00 EACH

100% OWNERSHIP OR 100 SHARES TO DIANNE MICHELLE HONEL, PRESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS: DIANNE MICHELLE HONEL, PRESIDENT 7450 LAKE MARSHA DR ORLANDO, FL 32819

ARTICLE VI REGISTERED AGENT:

The name and address of the initial registered agent is:

DIANNE HONEL 7450 LAKE MARSHA DR. ORLANDO, FL 32819 FILED

12 MAY 16 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VII TERMS OF EXISTENCE:

This Corporation shall have perpetual existence commencing at the time of filing of the Articles of Incorporation with the Secretary of State.

ARTICLE VIII INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation is:

DIANNE MICHELLE HONEL, PRESIDENT 7450 LAKE MARSHA DR. ORLANDO, FL 32819

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.

Required Signature/Registered Agent 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.

Required Signature/Incorporator

Date

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 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.

The name of the corporation is

DIANNE MICHELLE HONEL, P.A.

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

DIANNE MICHELLE HONEL, PRESIDENT 7450 LAKE MARSHA DR ORLANDO, FL 32819 PART OF STREET

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 OF REGISTERED AGENT AND AGREE TO ACT INTHIS CAPACITY, I FURTHER AGREE TO COMPY 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.

SIGNATURE COMME COME

DATE: MAY 14, 2012