

P/2000050521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

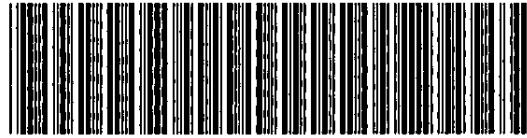
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
12 MAY 31 PM 3:12  
REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

π 06/01/12

COVER LETTER

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

SUBJECT: Lisa Plan Egstad 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Lisa Plan Egstad  
Name (Printed or typed)

52 Hidden Harbor Lane  
Address

Miramar Beach, FL 32550  
City, State & Zip

(850) 543-8033  
Daytime Telephone number

Lisa@LisaEgstad.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)

**ARTICLE I NAME**

The name of the corporation shall be: LISA PLAN EGSTAD P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
52 Hidden Harbor Lane  
Miramar Beach, FL  
32550

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real estate sales

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LISA PLAN EGSTAD President Name and Title: \_\_\_\_\_  
Address: 52 Hidden Harbor Lane Address: \_\_\_\_\_  
Miramar Beach, FL  
32550

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LISA PLAN EGSTAD  
Address: 52 Hidden Harbor Lane  
Miramar Beach, FL 32550

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LISA PLAN EGSTAD  
Address: 52 Hidden Harbor Lane  
Miramar Beach, FL 32550

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TALLAHASSEE, FLORIDA

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

Lisa Plan Egstad  
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.

Lisa Plan Egstad  
Required Signature/Incorporator

\_\_\_\_\_ Date