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COVER LETTER

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

SUBJECT: SHARON KAYE HAGE	EN, INC.	
(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: SHARON K. HAGEN		
Name	e (Printed or typed)	
P.O. BOX 337		
•	Address	
ORANGE LAKE, FL. 3 City,	32681 State & Zip	
351-351-1007 Daytime T	elephone number	
sk ha gen G	ear Hlink.	nel
E-man address. To be use	u ioi iuiure annuai report	. nonneation)

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)

Principal street address 911 NE 2ND STREET OCALA, FL. 34470 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FAMILY PSYCHOLOGIST ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS Name and Title: HAGEN Address: P.O. BOX 337 ORANGE LAKE, FL. 32681 Address: P.O. BOX 337 ORANGE LAKE, FL. 32681 Name and Title: Address: Addres	The name of the	corporation shall be:	AGEN, INC.		
Pincipal street address 911 NE 2ND STREET OCALA, FL 34470. ORANGE LAKE, FL 32681 ARTICLE II PURPOSE The purpose for which the corporation is organized is: FAMILY PSYCHOLOGIST ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: HARGN K, HAGEN - PRESIDENT Address: P.O. BOX 337 ORANGE LAKE, FL 32681 Name and Title: Name and Title: Address: Address: Address: Name and Title: Address: Address: Address: Name and Title: Address: Name SHARON K, HAGEN - Address: Address: Address: Name SHARON K, HAGEN - PRESIDENT Name and Title: Address: Name: SHARON K, HAGEN - PRESIDENT Name and Title: Address: POR ADDRESS: Address: Name: SHARON K, HAGEN - PRESIDENT Name and Title: Address: 10 OCALA, FL 34470 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SHARON K, HAGEN - PRESIDENT Name: SHARON K, HAGEN Address: 10 OCALA, FL 34470 ARTICLE VII INCORPORATOR The name and and address of the Incorporatior is: Name: SHARON K, HAGEN Address: 11 OCALA, FL 34470 ARTICLE VII INCORPORATOR The name and and address of the Incorporatior is: Name: SHARON K, HAGEN Address: 12 Jubrilt this document and agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to acc in this capacity Sharon K. Lagen Og/10/2012 Date Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Sharon K. Jugen 19/10/2012	ARTICLE II	PRINCIPAL OFFICE			
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