P12000096326

(Requestor's Name)				
(Nequestors Name)				
(Address)				
(Addiess)				
(Address)				
, (Addiess)	•			
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	ĺ			
·				





500241488555

11/20/12--01006--002 **78.75

12 NOV 20 AM IO: 37

(MD) 11/21

COVER LETTER

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

SUBJECT: SterlingWyatt, 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 \$87.50 **\(\bigsim\)** \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Brian Keith Shey Name (Printed or typed) 2820 NW 39th Terrace Address Gainesville, Florida 32606 City, State & Zip 352 339 4200 Daytime Telephone number Shey@SterlnigWyatt.com

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
- In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the o	<u>NAME</u> corporation shall be: SterlingWya	tt, P.A.	78 7
ARTICLE II	PRINCIPAL OFFICE		₹\$ ₹
F	Principal street address	Mailing address, if d	imerenî s: 2
	2820 NW 39th Terrace		SE N
	Gainesville, Florida 32606		m-K
ARTICLE III			
The purpose for v	which the corporation is organized is.	ance, Retirement Planning, Executive & Employee Benefits,	Dr. J
ARTICLE IV The number of sh	SHARES ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>	
Name and T	Title: Brian Keith Shey , President	Name and Title:	
Address:	2820 NW 39th Terrace	Address:	
	Gainesville, Florida 32606		
Name and T	Title: Raina Monroe Shey, V.P. / Secretary	Name and Title:	
Address:	2820 NW 39th Terrace	Address:	
	Gainesville, Florida 32606		
		Name and Title:	
Address:		Address:	T. THE STREET OF
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acce	otable) of the registered agent is:	
Name:	Brian Keith Shey	 	
Address:	2820 NW 39th Terrace		
	Gainesville, Florida 32606	<u></u>	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Brian Keith Shey		
Address:	2820 NW 39th Terrace		
	Gainesville, Florida 32606		
Having been nam this certificate, I a	im familiar with and accept the appointme	Process for the above stated corporation at the new form of th	the place designated in capacity
	Required Signature/Registered Age	rent	Date
	Required Signature/Registered Af	,cm	- Dare
I submit this doci	ument and affirm that the facts stated he	An are true. I am aware that the false infor	mation submitted in a
accument to the L	repartment of State constitutes a third deg	ree felony as provided for in s.817.155, F.S.	/ .
1	T - K /)(c	/	1/15/1
	un 1:		15/12
	Required Signature/Incorporate	Γ	Date