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COVER LETTER

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

SUBJECT:	JOAN LEE, P.A.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED	
FROM: J	oan Lee	e (Printed or typed)		
6	520 Valen Way			
		Address		
N	aples, Florida 34			
adada u u pada.	City,	State & Zip		
23	39-250-3800			
	Daytime 1	elephone number		
		comcast.net		
	E-mail address: (to be use	ed 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)

SECRETARY OF STATE BIVISION OF CORPORATIONS	SEGRETON OF	SHEED ARY OF STATE F CORPORATE
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ARTICLE I NAM		ee, P.A.	BIVISION OF CORPOR	
The name of the corpora	tion shall be		13 JUL - 1 AM 10:	:01
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
6520 Valen W	ay			
Naples, Florid	a 34108			
ARTICLE III PUR				
	elling Real Estate	 		
			and the second s	
ARTICLE IV SHA	ARES 1000			
The number of shares of				
ARTICLE V INIT	IIAL OFFICERS <u>AND/OR</u> D	IRECTORS		
		TD	ne and Title:	
Address	6520 Valen Way	Addı		
Address	Naples, Florida 34		ress:	
		- <u>-</u>		
Name and Title:		Nam-	ne and Title:	
Address		Addı	ress:	
Name and Title	:	Nam-	e and Title:	
Address		Addı	ress:	
			P. 17 L. P.	

(conti.)

PHESO SECRETARY FOR STATE BIVISION OF CORPORATIONS

Name an	d Title:	Name and Title:_	13 JUL - 1 AM 10: 01
Address		Address:	
		<u></u>	
ADTICLE W	DECICARDED ACENT		
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptab	le) of the registered agen	t is:
Name:	Joan Lee		
Address:	6520 Valen Way		
	Naples, Florida 34108		
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Joan Lee		
Address:	6520 Valen Way		
	Naples, Florida 34108		
	ned as registered agent to accept service of pro am familiar with and accept the appointment of		
	Required Signature/Registered Agent		6-25-2013
	Required Signature/Registered Agent		Date
I submit this doc document to the	rument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware t felony as provided for it	hat the false information submitted in a s.817.155, F.S.
	Required Signature/Incorporator		6-25-20/3
	Required Signature/Incorporator		Date