

PI3000067627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

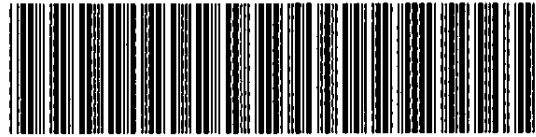
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 752140 7950667

AUTHORIZATION :

Deborah K. Scida

COST LIMIT : \$ 70.00

ORDER DATE : August 5, 2013

ORDER TIME : 12:43 PM

ORDER NO. : 752140-001

CUSTOMER NO: 7950667

Please Expedite!

DOMESTIC FILING

NAME: DEBORAH K. SCIDA, P.A.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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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: DEBORAH K. SCIDA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4740 NW 28th Way

Boca Raton, FL 33434

Mailing address, if different is:

4740 NW 28th Way

Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah K. Scida, Director

Address: 4740 NW 28th Way

Boca Raton, FL 33434

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: Corporation Service Company
 Address: 1201 Hays Street
 Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Corporation Service Company
 Address: 2711 Centerville Road, Suite 400
 Wilmington, DE 19808

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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.

By: Ann R. Shilling 08/16/2013
 Required Signature/Registered Agent Date
 Ann R. Shilling, Asst Vice President

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.

By: Ann R. Shilling 08/16/2013
 Required Signature/Incorporator Date
 Title: Ann R. Shilling, Assistant Secretary